anita Caron

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

- DI-4 N.

CERTIFICAT	E OF DEATH Reg. Dist. N	o
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Prince George MARYLAND	STATE Md. COUNT	P.6 -
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR PRINCE CROSS PROCES   NOSONTAL	STREET (If rural, give location) ADDRESS 3619 FOSTECH Ave. N. &	
3. NAME OF DECEASED (First) (Middle) JEANNE	(Last) Anita 4. DATE (Month) OF DEATH Assil	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 9. AGE last hirthday If under Months	1 year   If under 24 hrs   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Caron	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (11 yes, give war or dates of service)	17 INFORMANT AND ADDRESS	ue_
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)		Secoural
5// OAntecedent cause(s) Diseases or conditions, if any, (b)		1 wk
giving rise to the above cause stating the underlying cause last  (c) Qahudu Time	of malutrates.	Level
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from #1.8		saw the deceased
alive on 1957, and that death occurred at SIGNATURE (Degree or title)	ADDRESS on the causes and on the date st	tated above, DATE SIGNED
Thomas A. Thristeuse Sul	College Fort, Sud.	4/21/51
RESIDVAL (Specify) 4-23-51 Mtt	Or CREMATORY LOCATION (Sty, town, or coun	Ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	34 FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legible. MARGIN RESERVED FOR BINDING

W correct age

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

	FOR MEDICAL	EXAMINERS	Reg. Dist. r	No. 100
1. PLACE OF DEATH-		2. USUAL RESIDENCE (H	OME) OF DECEASED.	TY NO
CITY (II exclude corporate limits Arrivatorial A	MARYLAND LENGTH OF STAY	CITY (If outside corpore	te, limits, write RURAL and g	13 400
CITY (II did corporate libra my salah AN OR give hearen town	(in this place)	OR /	lywine me	1
HOSPITAL OF OR POPULAR HEL	Road	STREET	(If rural, give location)	4
STREET AUDRESS 75 MOUNTAIN	rice zus	Popular Ne	el Rood.	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
SEX 16. COLOR OR RACE	Edams	o the state of the	DEATHORN	29 135
ne negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	S. Sycheny Syrician (		s   Days   Hours   Min
10a. USUAL OCCUPATION (Gly kind of work )	(Specify) Zerosas of 10b. Kind of Business of	11 BIRTHPLACE State o	r foreign country)	12. CITIZEN OF WHA
done during most of working life/even if retired)	Peultr	aquare	o rud 1	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	17 DECEMBER AND ALL	Hasego	2. 5 141
(Yes. no, or unknown) (If yes, give war or dates of service)	reclusorous	17. INFORMANT AND A	Ware de	ins.
THE VICE)	18. MEDICAL CE	c very good	10 a uau	1
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH			INTERVAL BETWEE ONSET AND DEAT
	Route Ca	1 mi enuito	en la ción	zomii.
Immediate cause (a)(				20,000,
Antecedent cause(s) Diseases or conditions, if any, (b)	Ho- and 1	relevase	lei azes.	
giving rise to the above cause stating the underlying cause last	A control of the cont			es ser ex ex expenses pues defining public monum from t
(c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAUSE WAS   PLACE	E (Horge, farm, factory, street,	(CITY OR T	OWN) (COUNT)	Yes No (STATE)
RIMARY OF COLTRIBUTING OF INJUR	office bldg., etc.)	(0111 0111	(000111	i) (SIRIB)
TIME (Month) (Day) (Year) (Hour)   I	INJURY OCCURRED	HOW DID INJURY OC	- /	1
	While at Not while work at work	Died Seller	ig an a chi	air.
22. I certify that I took charge of the remain	as described above, held an A	utopsy . Inspection	Inquiry Thereon and	from the evidence
obtained by said Autopsy. Lashection or	Inquiry, find that said dece	ised died on the day states	d above, and death in my	opinion resulted
from: natural causes , accident , SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
- 200/c 11-Af	- R & 11.	solut of	10 AP 11.	201 <-1
23. BURIAL, CREMATION   DATE THEREOF	Cley arouer	Masley gler	OCATION (City, town, or cou	nty) (State)
REMOVAL (Specify) Mass a - 12	11 St Thams	RY OR CREMATORY L	the second second	(State)

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### CERTIFICATE OF

		FOR MEDICAL	LEAAMINERS	Reg.	Dist. No. 2. 7. Me.
	Ince George's		2. USUAL RESIDENCE (STATE 1STR	HOME) OF DECEASI	ed. Umbia
TOWN OF C	corporate limits, write RUR.	Transient		ate limits, write RURA	AL and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	OR 3rd St and	Marlboro Pike	STREET ADDRESS 1725	34th Stre	ect N. W.
3. NAME OF DECEASED (Type or Print)	(First) Prudence	(Middle)	Adams	4. DATE (MOF DEATH 4	Onth) (Day) (Year 22 195
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED. WINGWED DIVORCED,	8. DATE OF BIRTH 7/8/35	9. AGE last birtbday 15 yrs.	If under 1 year   If under 24 h   Months   Days   Hours   Mi
Student of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRIAL	Norwich. C	or foreign country)	12. CITIZEN OF WHA
Quince:	y Adams	*	Luolie E	thel Thorn	
Yes no or unknown	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No.	Mrs Thomas		
Diseases or giving rise stating the	conditions, if any, (b) to the above cause underlying cause last	Cmiched skull			
Conditions contrib	uting to the death but not use or condition causing deat	h. INDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAPRIMARY NOR C	USE WAS PLAC	CE (Home, farm, factory, street, off bld etc of d INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	ville	Yes No [ COUNTY) (STATE)  P. G. Md  object  struck fixed
obtained by sa	l causes [], accident	ins described above, held an A Inquiry, find that said dece suicide [], homicide [], (Degree or title)	Autopsy , Inspection X osed died on the dry state undetermined . ADDRESS  Forestville,	, Inquiry <b>x</b> thered above, and deoth	eon and from the evidence in my opinion resulted  DATE SIGNED  4/22/51
DATE REC'D BY	((y) 4/22/07 V	Lawler &	OR CREMATORY  LIMITAL TONE  24. FIDERAL DIRECTO	LOCATION (City flow	glonde
REG //22/5		.1	I Jack /		tterleshy

VS. A15A

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BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 02 4 2

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNT Prince Georges MARYLAND	Maryland Prince	Partie Pa
CITY (If outside corporate lights, write BURAL and   LENGTH OF STAY	CITY M outside corporate limits, write RURAL and	give nearest town)
TOWN SEAT PLEASANT (in. this place)	TOWN Seat Pleasant The	a
HOSPITAL OR	STREET (If paral, give location)	
INSTITUTION OR TREET ADDRESS 7205 F ST. N.F.	ADDRESS, A T / T / T	
	1/205-7-21 116	
DECEASED 201/1 TO 1/10	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) Mauy 10 2 Lenic U	SQUILN DEATH CEFT	2/ 195/
5. SEX COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	BODATE OF BIRTH 9. AGE last hirthday If und	er 1 year   If under 24 hruns   Days   Hours   Min.
(Specify) Married	10/0.11.09 4/ yrs.	Days   Modie   Mid.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY  AB DRIVER  TAXI DRIVER	MARYLAND	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Sould Wellow Wishwith	DOVE	
A6. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.		205 FST.N.F.
(Yes. no. of unknown) (If yes. give war or dates of 1572-03-318	ELSIE R. AISQUITH SEA	0.
	ERTIFICATION	AT PLEASANT, MD
	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Deute ex	rowary Occlusion	- 30 mars
Immediate cause (a)		V
120 Antecedent cause(s)	1 //. 00	
Diseases or conditions, if any, (b) Ceuesa are	enderen -	afrat
giving rise to the above cause state of the underlying cause last	, 1	1 cur
(c) And Cardes 7	becaler Kon of beans	- year
II. OTHER SIGNIFICANT CONDITIONS		-
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	COMPA OD MONTAL	Yes No 🗗
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR GONTRIBUTING OF office hidg., etc.)	(CITY OR TOWN) (COUNT	Y) (STATE)
PRIMARY OR GON RIBUTING OF office hide, etc.)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Kot while	HOW DID INJURY OCCUR?	
INJURY NOVEL m.   work   at work	noul	
22 I contifu that I took charge of the remains described above held	Automore I Immedian Manager II the man	J. C
22. I certify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said deci	eased died on the day stated above and death in m	u grom inc evidence
from: natural causes , accident , suicide , homicide ,	undetermined .	y openion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
01 1 10 10	11/ 1 1- 1000	11. 00
Jan Com Jasto at Della	roner Elashunglen 1960-	407 2/1047
DUMINIAL (Suggister)	ERY OR CREMATORY   LOCATION (City, town, or co	upty) (State)
Burnel 4-30-5-1 It Livel	box beneter Thing the	bo medi
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

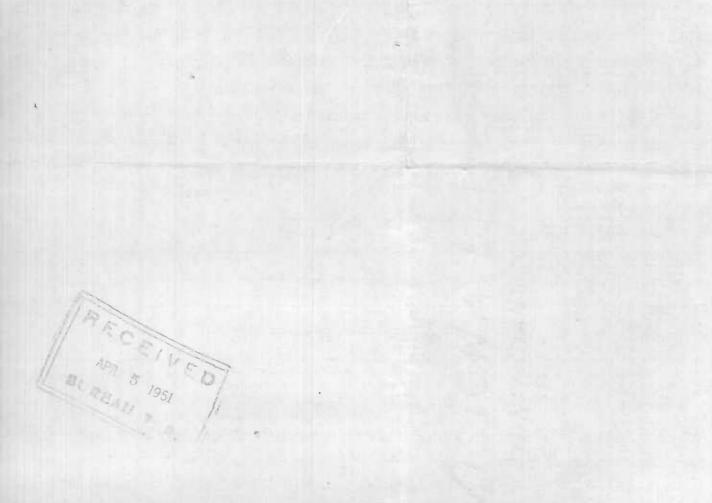


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#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

leg. Dist. No. 245

	Reg. Dist. Iv	10
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECRASED	
COUNTY ME CHONGED MARYLAND	STATE COUNT	igus
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	(ye nearest town)
TOWN give pearest town that the lace)	TOWN W. Sattonelle	
HOSPITAL OR	STREET (If ru al give lo ation)	
INSTITUTION OR 5-722-30 th ave	ADDRESS 5 722-30 W Cive	/
		(0)
DECEASED	(Month)	(Day) (Year)
(Type or Print) Would 1341 92/hold	Warren DEATH 4 -	19.5/
Female 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify) Marrie of	8 DATE OF BIRTH 9. AGE last hirthday If under	l year   If under 24 fire.
Jemale White (Specify) Married	name 18 1909 96 yrs.	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of doke during most of working life, even if retired) [INDUSTRY]	1. BIRTHPLACE (State or foreign country)	COUNTRY!
- 12001 - Heeper Commerce Least	Mass.	4.5.01
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Morge Maybring	Berlha P. Haysler	n'
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (It yes, give way of dates of	17 INFORMANT	, / /
(1 es. noy or unknown) (it yes, give way or dates of service)	James & Relderlow. 1	Instand
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	V	INTERVAL BETWEEN ONSET AND DEATH
		Onome mino as mana
Immediate cause (a) Joruma	и миники билбанобический d 4 - 000 бм - d0 гм миника сибием жида из ол	
1/1/2 Marine 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.	
Antecedent cause(s) Diseases or conditions, if any, (b)	I liver	
giving rise to the above cause	A	
124 stating the underlying cause last	1. care - lineans.	
11. OTHER SIGNIFICANT CONDITIONS	Nat Junal ouslase	
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
138. DATE OF OPERATION 138. MAJOR FINDINGS OF OPERATION		20. AUTUPSTI
DE DESCRIPTION CANDON WAS A STATE OF THE STA	COUNTY OF SOURCE	Yes No 🗆
21. EXTERNAL CAUSE WAS   I'LACU (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bidg., etc.)	(CITY OR TOWN) (COUNT)	(STATE)
CAUSE OF DEATH. INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22 I will that I take shows of the semained a will delive held a	A town of Instruction	f 0
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	autopsy the first stated above and death in my	oninion resulted
from: natural causes , accident , suicide , homicide ,	undetermined $\square$ .	openion results
SIGNATURE (Degree or titie)	ADDRESS	DATE SIGNED
10-1 3 m /2 100 m 10.	.01 1 11 +1 1/1	/11 .
John Malany M. Dep. Med. Man	m Mivery - Hyallsmell	1019-1-51
DEMOVAL (Specifu)	RY OR CREMATORY LOCATION (City, town, or cou	nty) (State)
Burial 14/3/51 1 Ft Dincoin	Cemetery   Colmar Manor Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/5/ Mrs. Jas Deveral Hepital	F. Gasch's Sons Hyattsville Ma	arvland
	710	911.
	310	716



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 3981

#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 232

		TOR MEDICAL	Billin (Bite)	Reg. D	ist. No.
I. PLACE OF DEAT COUNTY  CITY (If outside OR give neares TOWN  HOSPITAL OR INSTITUTION C STREET ADDRI	corporate limits, write RUR st town)	GES 'MARYLAND AL and LENGTH OF STAY (in this place)	2. USUAL RESIDENCE ( STATE VEW  CITY (If outside corpor OR TOWN ATLA  STREET ADDRESS 448		and give nearest town)
3. NAME OF	· · · · · · · · · · · · · · · · · · ·	(36:44)	(Last)		
DECEASED	(First)	(Middle)	4	OF 4	1
(Type or Print) 5. SEX	16. COLOR OR RACE	7. SINGLE, MARRIED.	ALLEN 18. DATE OF BIRTH	DEATH ARA	8 1951
FEMALE	WHITE	WIDOWED, DIVORCED, (Specify)	10/11/31	19 yrs. N	f under 1 year If under 24 hrs.  Months Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
I3. FATHER'S NAI	ME E	DOMESTIC	14. MOTHER'S MAIDER		9-3.7.
C. W A	KUMMEL.		RAIMON	VD.	
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT MR.		= 4
(Yes, no, or unknown)	(If yes, give war or dates service)	of	248 NEVAJA	4 4	UTO CITY, Não
Immedia Antecede Diseases or giving rise stating the	conditions directly  te cause  ent cause(s) r conditions, if any, to the above cause underlying cause last  (c)	rushed Chost Ribe Silence Releaving Co	fracturess al remourns uls acce	upper left yklaus Aor	INTERVAL BETWEEN ONSET AND DEATE Summerical
Conditions contrib	buting to the death but not ase or condition causing deat				
		FINDINGS OF OPERATION			20. AUTOPSY?
nor			(CVIII)	MONIN I	Yes No 🖺
CAUSE OF DEAT	ONTRIBUTING OF TH. (Hour)	CE (Home, farm, factory, street, office bldg, etc.)  INJURY OCCURRED  While at Not while work at work	HOW DID INJURY OF Auto Crasher	us George Co	Victing car.
obtained by sa	id Autopsy, Inspection o	tins described above, held an A r Inquiry, find that said dece suicide [], homicide [], (Degree or title)	ased died on the day stat	Inquiry thereoned above, and death is	n and from the evidence n my opinion resulted DATE SIGNED
REMOVAL (Spe	MATION DATE THERE POLICY DATE THERE POLICY DATE THERE		Permerical and RY OR CREMATORY 24. FUNERAL DIRECT	LOCATION (City, town, or	or county (State)  ADDRESS  ADDRESS
Anil	9,951 ROM	& // Junt	Ritchie Br	ec. Teppe	r Marlboro



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1ARYLAND	STATE	DEPARTMENT	OF	HEALTH
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#### CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

g. Dist. No. 234

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y
/ Vince Seenges MARYLAND		
CITY (If outside corporate limits write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write BURAL and gi	ve nearest town)
CITY (If outside corporate limits write RURAL and OR give hearest total)  TOWN  LENGTH OF STAY (in, this place)	TOWN Washmalon	
HOSPITAL OR	STREET (Livural give logation)	2.11
INSTITUTION OB STREET ADDRESS Olomac I we	ADDRESS 719-9: Street 5	.W.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED / //	OF C	11
(Type or Print)  5 SEX  6. COLOR OR RACE   7. SINGLE, MARRIED,	DEATH  DEATH  S. DATE OF BIRTH  DEATH  19. AGE last birthds II under	195/
WIDOWED, DIVORCED,	Months	Days Hours Min.
(Specify) WOAN LICE	Marse 15, 1906 44 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign dountry) 12	CITIZEN OF WHAT
13. FATHER'S NAME	1 /ingmai	45.0
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Colar, Darnes.	Dessietellen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17-INFORMANT	
(Yet, no, or unknown) (If yes, give yar, or datesof	Catherine Wary Barn	vo·
18. MEDICAL CE	RIFICATION	
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
· · · · · · · · · · · · · · · · · · ·		
866. Immediate cause (a) Comply or	** ****** **** **** *** *** ** *** ** *	
Antecedent cause(s)		
Diseases nr conditions, if any, (b)	A	
173 giving rise to the above cause stating the underlying cause last		
(a) Curplan es	male I ante Yatmana Vincia	
II. OTHER SIGNIFICANT CONDITIONS	A DESTRUCTION OF THE PROPERTY AND A STATE OF THE PROPERTY	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
DATE OF OFBIATION 150 MAJOR THOMAS OF OFBIATION		
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	CITATION TOWNS.	Yes No No
	(COUNTY)	(STATE)
	1001 1009 , Ja Sed - V	VIOL
TIME (Month) (Day) (Year) (Houn) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR! Populary	in airplane
INJURY 4-7-515.00 ni.   work at work &	which crashed ruto letotace	Kiver H.
22 I will that I look shows of the second described to the look of the look of the second described to the look of the second described to the look of	A description of the investigation of the second of the se	f., (1
22. I certify that I took charge of the remains described above, held an A obtained by said Autapsy, Inspectian ar Inquiry, find that said dece	Autopsy , Inspection Inquiry therean and	from the evidence
fram: natural causes $\square$ , accident $N$ , suicide $\square$ , hamicide $\square$ ,	undetermined	opinion resuited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
0/20/20/20/20/20		
John Maloney, M.D. Dep. Med. Ex	am. Cheverly-Md- 4-	11-51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMPTE	RY OR CREMATORY   LOCATION (City, town, or coun	ty) (State)
BREMOVAL (Specify) 3 april 1951 arbiton ho	tional Cometion (1) -t-	Va.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGI /11/51 (tronder ) seenes	Rock in hatter la like It	- DC.
M ADE D	in the state of the state of the	777
Marcilla Haves	23 2	719/1
	0,	10 / 10



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

#### CERTIFICATE OF DEATH

Reg. Dist. No. 23/

			E OF BENT.	Reg. Dist.	No.
1. PLACE OF DEAT COUNTY	HPrince George	S	2. USUAL RESIDENCE	(HOME) OF DECEASED.	
		MARYLAND	STATE Marylan	d PF9Y	ce Geo's
OR give neares	corporate limits, write RUR it town) ar Manor	AL and LENGTH OF STAY (in this place) 10 years		m Manor	give nearest town)
HOSPITAL OR	DR .	4103 Newton Stree	STREET	(If rural, give location) Newton Street	
3. NAME OF	(First)	(Middle)	(Last)		
(Type or Print)	MARY MAGDA	LENE BARROWS	(Last)	4. DATE (Month) OF DEATH April	(Day) (Year) 1st. 19 5:
5. SEX Female	& COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W10 OWed	Jan 19 1879	9. AGE last birthday   If und	er 1 year   If under 24 hrs
IOA. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	La vra G.	
Housewife  13. FATHER'S NAM	corking life, even if retired)	INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA
			14. MOTHER'S MAIDE	N NAME	
Christie	on Muth		Unknown		
(Yes, no, or unknown)	(If year, give war or dates of service)	7 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS 4103	Newton St.
1/10	service)	None	Mr. Leonard J.	· Fastnaught Colm	Monon Md
		10 3/2004		00111	NASTICO E JAIO
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN
		-	. 000	<b>V</b> .	ONSET AND DEATH
+20-0 Immediat	e cause (a)	myseard	ral Inle	selvon	6 /21.00 kg
1 " "	nt cause(s)		0	I de la sella de une dide de delenar de de de	
921	(	into the	· 11 +0	₩.	
Diseases or eving rise to	conditions, if any, (b)	ono deteros	c Heart IN	cococo	
stating the u	inderlying cause last				
Conditions contribu	ICANT CONDITIONS	cD · cD	0 4-0		10 1 0 · · · · · · · · · · · · · · · · ·
related to the disea	se or condition causing death	mone Cha	lecuste tu		
191. DATE OF OPE.	RATION 196. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT	(O26-) 1 TOV A G				Yes No K
SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR	TOWN) (COUNT)	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
INJURY	m.	While at Not While Work At work			
22. I hereby certi	ify that I attended the	deceased from Seb-12	, 195 1, to Marc	431, 195.1. that I last	saw the deceased
alive on Mo	mc431, 1951, and	that death occurred at	4:00 a.m., from the	causes and on the date s	tated above
7-0	con T. Marlon	(Degree or title)	ADDRESS	5.1- Cup.	DATE SIGNED
23. BURIAL, CREMA	ATION   DATE	NAME OF CEMETER	RY OR CREMATORY   I	LOCATION (City, town, or cour	(195)
BURIAL	Mpril 3,19		CENETERY	Washing Ton,	J.C.
DATE REC'D BY I	LOCAL REGISTRAR'S S	SIGNATURE	24. FUNERAL DIRECTO	or 5801 Clevela	nd ANNERS
yrel	2 Cemas	ida Hown	CGW.W.Chambers	CO. Riverdale,	
1 10	~ /		+	1121024020,	
193	5-1	0			

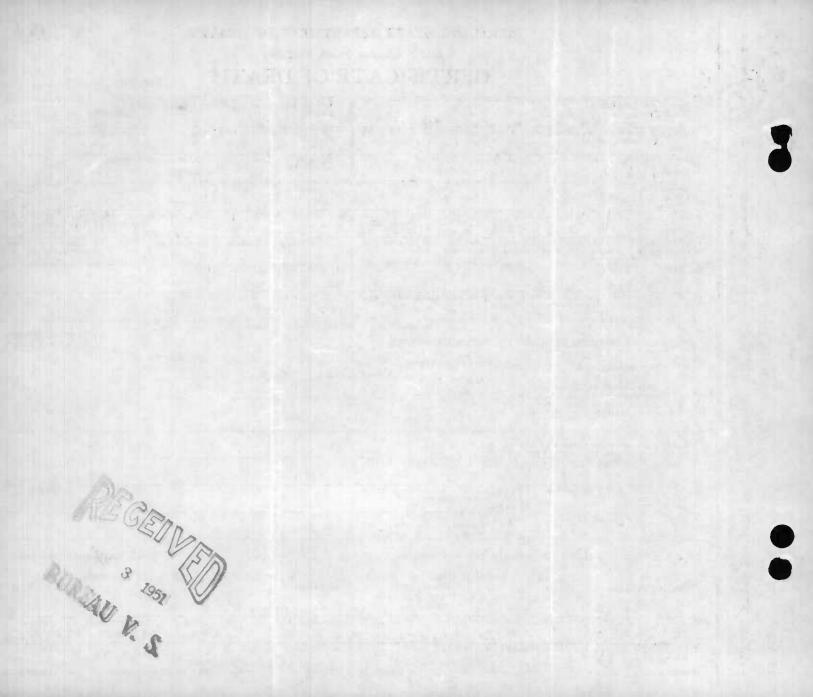
AFR 4 1951

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No....

Process and the second						
1. PLACE OF DEATH COUNTY Prin	ce Georges	MARYLAND	2. USUAL RESIDENTAL MICHAEL	DENCE (HOME) OF D	ECEASED COUNT	Prince Go.
OR give nearest	orporate limits, write RUR town) Cheverly	AL and LENGTH OF STA (in this place)	OR TOWN	ide corporate limite, write Hyattsville,		ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R SS Prince Geor	ges General Hosp	STREET ADDRESS	4229 Madisor	ol, give location)  Street,	
3. NAME OF DECEASED (Type or Print)	(First) Kathleen	(Middle) Marie	(Last) Bell	4. DATE OF DEATH	(Month) Apr.	(Day) (Year) 30, 1951
female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BII 4/27/51	RTH 9. AGE last b		1 year  If under 24 hrs.
	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS (INDUSTRY	Md.	E (State or foreign count	ry) 1:	COUNTRY & A
	m J. Bell		Marion Kr			
(Yes, no. of finknown)	VER IN U.S. ARMED FORCES (If yes, give yet or dates (service)	16. SOCIAL SECURITY No.	Mrs. Willi	am J. Bell 42	229 Madiso	on St.,
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	multirele.	yattsville, I		INTERVAL BETWEEN ONSET AND DEATH
1951 Diseases or o	ont cause(s) conditions, if any, to the above cause inderlying cause last  (c)	eperation of physics.	foreign bo		(a) with	
II. OTHER SIGNIFI Conditions contributed to the disease	CANT CONDITIONS ating to the death hut not se or condition causing deat	h				
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION				20. AUTOPSY? Yes E No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, stree office bldg., etc.) JRY	0 0 0 0	ITY OR TOWN)	COUNTY	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJ	URY OCCUR?		
alive on 4/2 SIGNATURE	9/ 1951, an	d that death occurred a (Degree or title)	32 Queens	rom the causes and	on the date st	ated above. DATE SIGNED
DATE REC'D BY	ity) MAY/1/	951 FORTLIN	COLO CEMATO  24. FUNERAL I	COLMAR	lty, town, or coun	MD (\$4.64) ADDRESS
DDG // /		^		1	1	



PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 23/

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0 1
Trence Georges MARYLAND	STATE COUNTY	serged &
CITY (If outside cornorate limits write FIIRAL and LENGTH OF STAY	CITY (If outside corposite limits, write RURAL and giv	e nearest town)
OR give nearest town) (in this place)	TOWN Int Runier	
HOSPITAL OR	STREET Of rural, give location)	
INSTITUTION OR STREET ADDRESS Transport	ADDRESS 3/04 Jan 1. 19	4
3. NAME OF (First) Middle)	(Last) + 4. DATE (Month)	rue
DECEASED E	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	DEATH ( Pul	16 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birth ay If under Months	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		. CITIZEN OF WHAT
done during most of working life, even if retired)   INDUSTRY		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MATDEN NAME # 1	
m. It Rhodes	and whileless	
I We Describe the U.S. Annual Property of the Comment of the Comme	TO TO TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give yer or dates of	17. INFORMANT AND ODRESS	A. ned
leervice)	Lily caracoje subor y	The same
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
4. 17 3		0
Immediate cause (a) / My hos to Lic Tue	eunna	4 Jag X
23 X	0	
Antecedent cause(s) Diseases or conditions, if any, (b) Cerelus - was cale	ace: hut-npl+ gis	9 Sec. 1
Diseases or conditions, if any, (b) cutture of the conditions of t		
stating the underlying cause last		1/
(c) Arlerioscleron's		years.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	n/	20. AUTOPSY?
		Yes 🗆 No 🗆
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) INJURY	1 A 1	(011111)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	HOW DID INVOKT GOODK!	
INJURY m.   Work  At work		1
22. I hereby certify that I attended the deceased from 4/7	, 19 1, to 4/16, 19 1, that I last sa	- 41 . 1
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last 88	lw the deceased
alive on 4//6 19 / and that death occurred at /	m., from the causes and on the date sta	ated shows
SIGNATURE / (Degree or title)	ADDRESS ®	DATE SIGNED
Kunded V. Flesselv 20 V'432 aneus	Chapel Rd. Krattoni le lend	4/16/51
23 BORIAL, CREMATION   DATE THEREOF, NAME OF CEMETER	RY OR CREMATORY / LOCATION (City; town, or count	y) (State)
(Se MOVAL (Specify) 4/19/0-1 It direct	Colman Mano	not me
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	AMPRES
RECK//IC/~/	A Glad, some Hyellon	lk hi
7/18/57 Umanda Dounly	of meet in	

APR 20 1951

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

CERTIFICAT	TE OF DEATH Reg. Dist. N	0. 23/
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
FRINCE GRORGES MARYLAND	STATE	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	Georges
OR give nearest town)	OR // -	ve nearest town)
HOSPITAL OR Cheverly 2 days	STREET (Illrural, give location)	
INSTITUTION OR STREET ADDRESS PRINCE George's Gen Has	ADDRESS 4409-1666/SECMON	St.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) EMMA	BROWN DEATH April	21 1957
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under	
Female White WIDOWED DIVORCED (Specify) WILLIAM	29 Nov. 1861 89 yrs. Months	Days Hours Min.
10a USUAL OCCUPATION (Give kind of work dine during most of working life, even if retired)  NDUSTRY  NDUSTRY	11. BIRTHPLACE (State or foreign dountry)	2. CITIZEN OF WHAT
Les Lancaster	14. MOTHER'S MAIDEN NAME CONSTITUTE BELLEY	
WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	10
(Yes, no, or unknown) (If yes, give war or dates of service)	mes Thrence thelde linear	reity Park 2
18. MEDICAL CE	ERTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cuels of Vax	rules rendent	Zkh.
443 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	mely -various charace	sys.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No O
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(OUTTON TOWN)	) (SIMIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	ADDRESS ADDRESS ADDRESS AND THE CAUSES and on the date st	
REMOVAL STEEDS 4/ 22 1/ Fackense	ERY OR CREMATORY LOCATION (City, town, or country)	(State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR	· COORES
REG / 22/5/ Umanda Danney	I Gasche some Hjallen	elethe,

REGETVED

APR 24 1951

BUREAU V. S.

correct

I. PLACE OF DEATH

HOSPITAL OR INSTITUTION OR STREET ADDRESS

3. NAME OF

5. SEX

DECEASED

(Type or Print)

13. FATHER'S NAME

INJURY

### of information carefully death clearly and legibly. Supply every item write the causes of d INK. please INFADING I Physicians: PLAINLY, WITH Us especially important.

回

WRIT

LEASE

RESERVED

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

MARYLAND

(Middle)

7. SINGLE, MARRIED, WIDOWED, DIVORCED.

(Specify) Smale

10b. KIND OF BUSINESS OR

16. SOCIAL SECURITY No.

INJURY OCCURRED

Not while

at work

While at

work

LENGTH OF STAY (lp this place)

huse

20. AUTOPSY? Yes N

(STATE)

No 🗆

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STAT CITY (If outside corporate limbs, prite RURAL and give pearest town) TOWN STREET (If ru'al give lo atlon) ADDRESS (Last) 4. DATE (Month) (Day) (Year) DEATH W 195 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 14. MOTHER'S MAIDEN NAME 17. INFORMANT 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

21. EXTERNAL CAUSE WAS l'LACL (liome, farm, factory, street, PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) INJURY

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

con aus

(First)

6. COLOR OR RACE

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

CITY (If outside corporate limits, write RURAL and OR give pearest town)

Ion. USUAL OCCUPATION (Give kind of work

done during most of working life, even if retired)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) | (If yes, give war or dates of service)

Immediate cause

Antecedent cause(s) Diseases or conditions, if any, glving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not

related to the disease or condition causing death.

TIME (Month) (Day) (Year) (Hour)

HOW DID INJURY OCCUR?

(CITY OR TOWN)

22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes maccident , suicide , homicide , undetermined . DATE SIGNED

SIGNATURE BURIAL CREMATION REMOVAL (Specify)

NAME OF CEMETERY OR CREMATORY

(City, town or county)

24. FUNEBAL DIRECTOR

(COUNTY)

REG.

DATE REC'D BY LOCAL

BUREAU V. S.

error of street name instead of family name. Letter filmed 5/18/51 G132 L MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles Street, Baltimore correct CERTIFICATE OF DEATH Reg. Dist. No. of 7. a The PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE COUNTY CITY (If outside orporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and/ LENGTH OF STAY of information carefully death clearly and legibly. OR give nearest town)
TOWN WAS DUNG. (in this place) TOWN HOSPITAL OR INSTITUTION OR (If paral, give location) STREET ADDRESS STREET ADDRESS MAURU (Middle) (First) (Last) (Month) (Day) (Year) DECEASED (Type or Print) DEATH 1951 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED 5. SEX 6. COLOR OR RACE 9. AGE last birthday | If under I year | If under 24 hrs Months. Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR E (State or foreign country) 12. CITIZEN OF WHAT FOR BINDING done during most of working life, even if retired) FARMER LIES. Supply every item write the causes of 13. FATHER'S NAME Dobd 5 Milh 17. INFORMANT AND ADDRESS (Yes, no, or mnknown) | (If year, give war or dates of Hughesville Ma nervice) MARGIN RESERVED 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH INK. Immediate cause Antecedent cause(s) UNFADING I Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. WITH UN important. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗆 No [ PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE PLAINLY, is especially TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work | 22. I hereby certify that I attended the deceased from Charlet 1, 1951, to Charlet 1, 1951, that I last saw the deceased alive on and 1951, and that death occurred at 5 45 a.m., from the causes and on the date stated above. WRITE (Degree or title) ADDRESS SIGNATURE DATE SIGNED aurice tranks 23. BURIAL CREMATION NAME OF COMETERY OR CREMATORY PLEASE DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 10010



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 23/

1. PLACE OF DEATH.	
COUNTY	STATE
TEINCE GEORGES MARYLAND	- Harestand - Treence George
CITY (Il outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR givo nearest town)	OR X Allaces A
	TOWN OPERTHEUSBAT.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR	ADDRESS Box 5404
STREET ADDRESS TRINCE GEORGES GENIVOS	n ADDRESS BOX. 5404
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEACED	OF (Law)
(Type or Print) Lhareles	195104 DEATH PROI 23 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	
WIDOWED DIVOPCED	8. DATE OF BIRTH 9. AGE iast birthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
Male (Specify) with	None of Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Gone during most of working me, even it retired) Industri	COUNTRY?
	000-1000
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gra Kurun	linknoun
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS)
(Yes, no, or unknown)   (If yes, give war or dates of ]	11. 1 18.
lservice)	Nosp. (lecorde)
18. MEDICAL CEI	RTIFICATION
AUG. IVADA CAR	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	ORBIT AND DEATE
nothing of	000
Immediate cause (a)	Thought with the All It All.
IIII a	
4447 Autocodent course(s)	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	1
13 Q giving rise to the above cause	
stating the underlying cause last	
(c) Mounteron	- (Phyliphon
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	I Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	
INJURY m.   Work   At work	
.4 . 0	
22. I hereby certify that I attended the deceased from	105/4 11-27 10 1 11-1711 11 11
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the deceased
11-2- (1	PYO_
alive on	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
SIGNATURE (Segree of title)	Watte Signed
16N 5. 1. MID 100 1 991	14 /sallowall. I poils ing 14.52-5.
(VW Sunty IIIV. YII.).	ma. 9 65 3/
23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETER	DE OD CDEMARODY LOCATION (CIV.
	RA OR CREMATORY LOCATION City, town, or couply (State)
REMOVAL (Spycify) 4/26/5) Hurrety Mod	Xelinal 100VInVadi XIVIN
I morrey // / // // // //	Jan William William
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE V	24 PINERAL DIRECTOR ADDRESS
REGY/25/51 Umanda Dounes	the course of the sent of TVId, Ill
y as 151 when all working	Some of Some of Diskyles

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CEDTIEICATE OF DEATH

Y	CERTIFICAT	E OF DEATH	Reg. Dist. No. 2
1	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DI	ECEASED.
	COUNTY Prince Queras MARYLAND	STATE maryland.	COUNTY P.Q.
ı	CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	OR CITY (If outside corporate limits, write	RURAL and give nearest town)
L	TOWN Cheverly	TOWN Nyottsville	
L	HOSPITAL OR INSTITUTION OR	II ADDRESS .	, give location)
F	STREET ADDRESS Prince George General Jassital	11 4918 40 Pla	ce.
	3. NAME OF (First) (Middle)	(Last) 4. DATE	(Month) (Day) (Year)
L	(Type or Print) florence RACHEL	Comer DEATH	April 29 195/
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE lest hi	rthday If under 1 year If under 24 hrs. Months Days Hours Min.
L	temale White Specify Widowed	1-20-1866 85	yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country	y) 12. CITIZEN OF WHAT COUNTRY
1	13. FATHER'S VAME	lowa	U. 5. A.
Г	13. FATROR'S NAMED MOORE	14. MOTHER'S MAIDEN NAME	D-
L	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	IT INFORMANT AND ADDRESS	~
L	(Yes, no, or unknown)   (If yes, give war or dates of	Dec Comer Hy	Manllem.
	lservice)		7.
Н		RIFICATION	INTERVAL BETWEEN
L	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4 1	ONSET AND DEATH
L	Immediate cause (a) comounts	ous	1 2 mas
П	Primary Sites A	scending and descending	colon (5/7/51 akc),
L	Antecedent cause(s) Diseases or conditions, if any, (b)	entechnol obstance	To a I weste
L	glying rise to the shove cause		
ŀ	46 & stating the underlying cause last		
Н	(e)  II. OTHER SIGNIFICANT CONDITIONS		
Г	Conditions contributing to the death but not related to the disease or condition causing death.		
	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
L			Yes No No
П	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN)	(COUNTY) (STATE)
Н	SUICIDE OF office hidg., etc.) HOMICIDE INJURY		
L	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
Г	OF   While at   Not While   INJURY   m.   Work   At work		
1	¥-~	3 - 1-1 11- 79 - 1-1	
Н	22. I hereby certify that I attended the deceased from	2,19 5%, to 4-29, 1951	, that I last saw the deceased
Н	alive on 4-29, 1951, and that death occurred at	2 7 m. from the causes and	on the date stated above
L	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H	WM ( M. 1) 45	14 mg (19/m ) [211	1 4-29-51
1	23. BURIAL CREMATION I DATE THEREOF   NAME OF CEMETE	DY OR CREMATORY   LOCATION (C	77/3/
1	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE   REMOVAL (Specify)   Prog 1, 1951   Substitute   Specify   Specify   Substitute   Specify   Spe		ty, town or county) (State)
10	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 YUNERAL DIRECTOR	· ADDRESS
	REG. T.	26 1000 74	Mellow Talled.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



Company Way 5 May 5 May 6 This St.

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Washington, D.

CERTIFICAT	E OF DEATH Reg. Dist. No.	5
1. PLACE OF DEATH COUNTY COUNTY OR give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED (Type or Print) 6. SEX 6. COLOR OR RACE VIDOWED, DIVORCED, (Specify) 102. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	2. USUAL RESIDENCE (HOME) OF DECEASED.  STATE  COUNTY  CITY (If outside corporate limits, write RURAL and give nearest OR TOWN  STREET  ADDRESS  (Last)  (Last	(Year)  152/ under 24 hrs. Hours Min.
done during most of working life, evon if retired) INDUSTRY  13. FATHER'S NAME  15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAME  AROLINE SCHILEIDER  17. INFORMANT AND ADDRESS  MR J RAYMOND COOMES = ARDMORE	<u> </u>
Is. MEDICAL CEI  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) WYCON  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause lest  (c)	INTERV	AL BETWEEN AND DEATH
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition ceusing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)   PLACE (Home, ferm, factory, street, OF office bldg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Work  At work	Yes	No TATE)
22. I hereby certify that I attended the deceased from	ADDRESS M9 4-21-	ove. E SIGNED (State)

BUREAU V.

2411 N. Charles Street, Baltimore

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	E PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and legibly	
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	re 1	
)	LEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.	
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CERTIF	ICAT	E OF DEAT	rH	Reg. Dist.	No. 2	3/
1. PLACE OF DEATH- COUNTY Prince Georges MARYI	LAND	2. USUAL RESIDENCE STATE Md		CEASED. COUN	TY pr	. Geo.
OR give nearest town) Cheverly (in the	H OF STAY		at Pleasa	nt,	give neares	t town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Gorges General	Hospita	STREET ADDRESS 6910	(If rural George Pa	give location) Lmer Hig	hway,	
3. NAME OF (First) (Middle) DECEASED (Type or Print)		(Last) Davis	4. DATE OF DEATH	(Month) April	(Day) 12,	(Year) 195]
female   6. COLOR OR RACE   7. SINGLE, MAR WIDOWED, DI (Specify) Si	ivorced, ingle	8. DATE OF BIRTH 4/12/51	9. AGE last bis	yrs.   Month	Days	Haure   Mir
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	USINESS OR	11. BIRTHPLACE (State Md.		у)	COUNTE	OF WHAT
13. FATHER'S NAME Elliott Evans Davis		Florence Sh	earer			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		Mrs. Florence	Davis -	Address	abov	е
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE  Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	nt Z	lues :				VAL BETWEE  T AND DEAT
(c)  J1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OP	ERATION	3	į į		Yes	UTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm,	ctory, street,	(CITY OR		(COUNT	Y) (	STATE)
	RED While t work [	HOW DID INJURY O	CCUR?		Ť	1 6
22. I hereby certify that I attended the deceased from alive on 19 and that death occ SIGNATURE (Degree or EX BURIAL CREMATION   DATE THEREOF   NAME OF THEREOF	curred at r title)	m., from th	e causes and	on the date	stated al	
		ces for Hosp	Mer.	11 -	Mel	(State)

BUREAU V. S.

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PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 542

1. PLACE OF DEATH:	
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND	marulan & Reace the
CITY (If outside corporate limits, write RUPAL and LENGTH OF STAY OR give nearest town)  OR give nearest town)	CITY (If outside corporate units write RURAL and give nearest town) OR TOWN
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day), (Year)
(Type or Print) Jarbara Jean	DENT DEATH April 28 1951
5. SEX 6. COLOR OR RACE 7 SINGLE MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday   If under 1 year II under 24 hrs
Female Colored (Specify)	Jan, 19, 1951 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State of foreign country) / 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	district of (alumna, COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gernard Hauterno	Judille Klent
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT
service)	Lucille Denl
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chipurespu	story Collapse du to
159.3	To all Imes
Antecedent cause(s) Diseases or conditions, if any, (b)	Shymus years due à
6 4 giving rise to the above cause stating the underlying cause last	1 day
130	anomalia
(c) / Journ 6	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
Conditions contributing to the death but not related to the disease or condition causing death.	1 26. AITTOPSY?
Conditions contributing to the death but not	20. AUTOPSY?
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No D
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NUCLUE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)    HOMICIDE   INJURY OCCURRED    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	Yes No D
Conditions contributing to the death hut not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT  SUICIDE  HOMICIDE  (Specify)  OF office bldg., etc.)  INJURY	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, office bidg., etc.)    SUICIDE   INJURY   INJURY OCCURRED   Not Write    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   Not Write    INJURY   Not Write   At work	(CITY OR TOWN) (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)   INJURY OF	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF    INJURY   INJURY OCCURRED    While at   Not While    Work   At work    22. I hereby certify that I attended the deceased from   According to the deceased    According to the deseased   19b. MAJOR FINDINGS OF OPERATION    PLACE (Home, farm, factory, street, OF office bldg., etc.)    INJURY   INJURY OCCURRED    While at   Work   At work	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR? , 195, to
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, office bidg., etc.)    SUICIDE   INJURY   INJURY OCCURRED   Not Write    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   Not Write    INJURY   Not Write   At work	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR? , 195., to, 19.5, that I last saw the deceased
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)    HOMICIDE   INJURY OCCURRED    OF While at Not While    INJURY   Work   At work    22. I hereby certify that I attended the deceased from   At work    alive on   195, and that death occurred at	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  195, to 19.5, that I last saw the deceased  OA. m., from the causes and on the date stated above.
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, office bidg., etc.)   INJUBY   INJUBY   INJUBY   INJUBY   INJUBY   INJUBY   INJURY   OCCURRED   Not Write   Not	How Did Injury occur?  How Did Injury occur?  How Did Injury occur?  The saw the deceased of the date stated above.  Address  Date Signed  Charter, Mal Capal 30,1957
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not While   Not While    INJURY   Not While   Not Work   At work    22. I hereby certify that I attended the deceased from   SIGNATURE    23. BUBIAL CREMATION   DATE THEREOF   NAME OF CEMETE	(CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  195, to 19.5, that I last saw the deceased  OA. m., from the causes and on the date stated above.
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not While at Not While INJURY  22. I hereby certify that I attended the deceased from alive on factory, street, office bidg., etc.)  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	HOW DID INJURY OCCUR?  The proof of the causes and on the date stated above.  ADDRESS  DATE SIGNED  CRY OR CREMATORY LOCATION (City, town, or county)  CRY OR CREMATORY LOCATION (City, town, or county)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not While   Not While    INJURY   Not While   Not Work   At work    22. I hereby certify that I attended the deceased from   SIGNATURE    23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE    REMOVAL (Specify)   19   19   19   19   19   19   19   1	How Did Injury occur?  How Did Injury occur?  How Did Injury occur?  The saw the deceased of the date stated above.  Address  Date Signed  Charter, Mal Capal 30,1957
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not While at Not While INJURY  22. I hereby certify that I attended the deceased from alive on factory, street, office bidg., etc.)  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	HOW DID INJURY OCCUR?  The proof of the causes and on the date stated above.  ADDRESS  DATE SIGNED  CRY OR CREMATORY LOCATION (City, town, or county)  CRY OR CREMATORY LOCATION (City, town, or county)
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not While   Not While    INJURY   Not While   Not Work   At work    22. I hereby certify that I attended the deceased from   SIGNATURE    23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETE    REMOVAL (Specify)   19   19   19   19   19   19   19   1	HOW DID INJURY OCCUR?  The proof of the causes and on the date stated above.  ADDRESS  DATE SIGNED  CRY OR CREMATORY LOCATION (City, town, or county)  CRY OR CREMATORY LOCATION (City, town, or county)



#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 242

585246 Wast. D.A.

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY PRINCE GEORGE MARYLAND	STATE MARYLAND COUNTY PR CEO		
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN give nearest town) FORES TULLE AND (In this place)	TOWN WAS HINGTON 19, D.C.		
HOSPITAL OR	STREET (If rural, give location)		
INSTITUTION OR STREET ADDRESS 5450 PUMPHREY DR. S.E.	ADDRESS 5450 PUMPHREV D	R., S.E -	
3. NAME OF (First) (Middle) DECEASED	(Last)   4. DATE (Month)	(Day) (Year)	
(Type or Print) JOSEPH H.	Doughas DEATH AMERICA	#2 1951	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   If under	I year   If under 24 brs.	
MALE WHITE Specify MARRIED	MAY 11, 1874 76 yrs. Months	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT	
done during most of working life, even if retired) INDUSTRY	WASHINGTON, D.C.	COUNTRY? U.S.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
JOSEPH HARVEY DOUGLAS	ANN UPTON		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown) (If yes, give war or dates of service)	CLIFTON S. EUSEBIO		
B. MEDICAL CE		The second second	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) PULMONARY T	UBERCULOSIS	untennon	
Antecedent cause(s) Diseases or conditions, if any, (b) Eurolio Vas	color Kend disease	unlum	
glving rise to the above cause stating the underlying cause last  (c) Acute Courses	live Keal facture	Sudder.	
II. OTHER SIGNIFICANT CONDITIONS		1	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
NONE		Yes No 🖹	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY)		
CAUSE OF DEATH. INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF While at Not while	NOW 212 INCOM. 0000M.		
INJURY m.   work   at work			
22. I certify that I took charge of the remains described above, held an A	utopsy [], Inspection [, Inquiry thereon and	from the evidence	
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my	opinion resulted	
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS DC 19	DATE SIGNED	
The state of the s	11.11 01	/	
Sul C Van yallo let, Coroner 54405	1/ver H1/1 /(d., S.E. 5	1.2.51	
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	ty) (State)	
REMOVAL (Specify) H-H-61 beday	fell Sutland m	d:	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
REGaprie 2-1951 - Edua 7. (relius)	mallers Funeral Home 522.	8-SI.S.E.	



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#### CEDTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Prince George MARYLAND	STATE maryland COUNTY P. S.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside exporate limits, write RURAL and give nearest town)
OR give nearest town)' (in this place) TOWN (heverly	TOWN Riverdale
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Prince George General Mesonito	ADDRESS GOIS Soras Avenue
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Yest
DECEASED (Type or Print)  Rose	Dredge DEATH April 21 19
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   2 AGE iast birthday   If under I year   If under 24
Temale White WIDOWED, DIVORCED, (Specify) Widowed	/ Months   Days   Hours   M
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WH.
done during most of working life, even if retired) INDUSTRY	maruland Country? 4.5. A
13. FATHED'S NAME	14. MOTHER'S MAIDEN NAME
John N. Letting	naggie trust
1k. Was Decrased Ever In U.S. Armed Forces? (K. Social Security No. (Yes, no, or unknown) service)	Elevanor Ligear Revertale me
18. MEDICAL C	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE ONSET AND DEA:
i. Dissinstant of Control of State of S	CASSI AND DEA
Immediate cause (a) Procuosia of	panciel & moreclass 2 mpi
15 W Antogodout senso(s)	
/5 /X Antecedent cause(s) Diseases or conditions, if any, (b)	
Hose giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	19.5%, to 4-21, 19.5%, that I last saw the deceased
aline on 16-20 1051 and that death accurred at	9. 45 m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
MANY MD	1314 Hallelus S. 11/21/54/1, 11/2/
WH Street	1/5/1/5
23 BURIAL, CREMATION DATY THEREOF NAME OF CEMET	ERY OR OREMATORY LOCATION (Otty, town, of ecenty) (State)
sureal 17/14/1 class,	your value and

VS. A15

PLEASE

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PRECEIVED

APR 24 1951

BUREAU V. S.

# CERTIFICATE OF DEATH

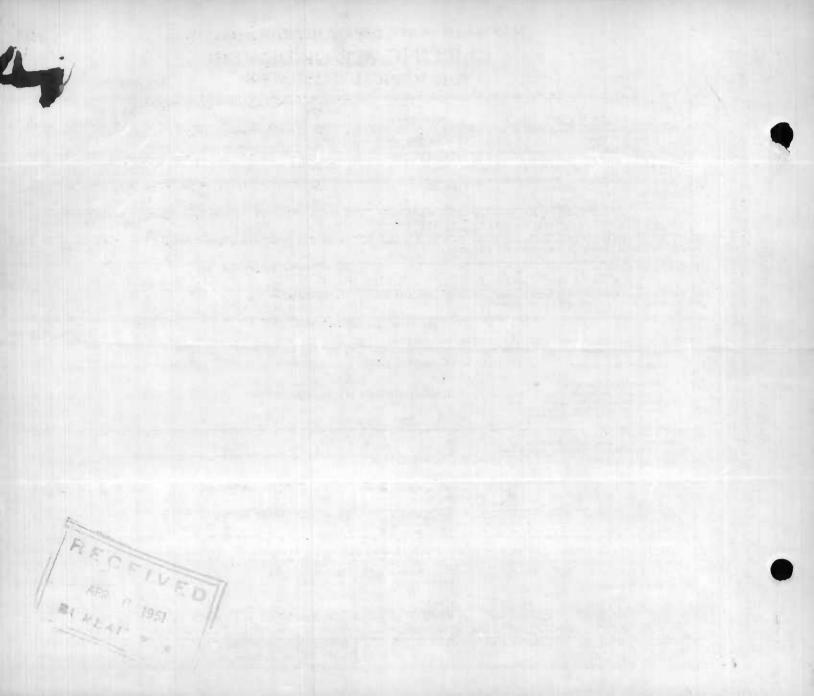
		9	9 1
leg.	Dist.	No.	30

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The correct PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

/	FOR MEDICAL	EARWINERS	Reg	Dist. No.
CITY (If outside corporate limits, after RURAL OR give hearest town) HOSPITAL OR	MARYLAND and LENGTH OF STAY (in this place)	TOWN Crys	te limits, write RUR	COUNTY HOSE
INSTITUTION OR Narmal In	shtute	ADDRESS 9 DW	nal fus	titutt
3. NAME OF DECEASED (First) (Type or Print)	(Middle)	Manski	OF DEATH	Month) (Day) (Year)
Male 4 White	SINGLE, MARRIED WIDOWED, DIVORGED (Specify)	ply 4,1882	9. AGE last birthday	Months   Days   Hours   Min.
done during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY ALE NORMAL TWO	d. BIRTHPLAGE (State of	mai	12. CITIZEN OF WHAT
Vin Cent Dyon con	vslei	14. MOPHER'S MAIDEN	101	(NOVN)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17 INFORMANT F	rolelis -	Brother
1. DISEASES OR CONDITIONS DIRECTLY LE	ADINO TO DEATH	austive hea	nt tank	INTERVAL BETWEEN ONSET AND DEATE
H42X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Cardiovasci	In renal	disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION   19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?
	(Home, farm, factory, street, office bldg., etc.)	(CITY OR T	'OWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) II	VIJURY OCCURRED  Thile at Nnt while  Work  at work	HOW DID INJURY OC	CUR?	
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or I from: natural causes A. accident, SIGNATURE	nguiry, find that said deced	used died on the day states	Inquiry the dabove, and death	reon and from the evidence h in my opinion resulted  DATE SIGNED
23. BURJAL, CREMATION DATE THEREOF	51 AMMENDALE		OCATION (City, to	
DATE REC'D BY LOCAL REGISTRAR'S SIGNED	S. Smith	24. FUNERAL DIRECTO	Bens Co.	- RECERPTE ME



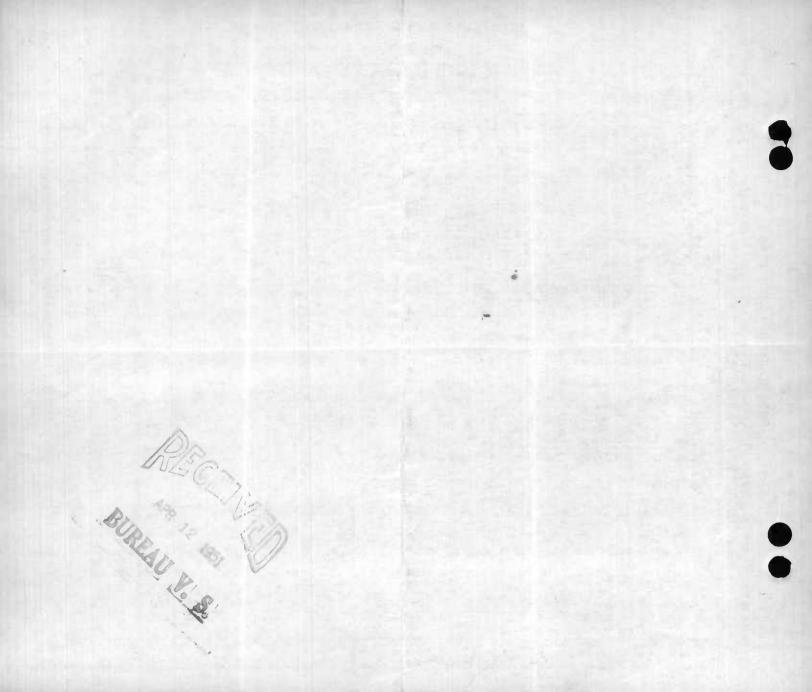
2411 N. Charles Street, Baltimore

#### CEDTIFICATE OF DEATH

Dist No 242

Stash

	CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH. COUNTY June Year	48 - WARMAND	2. USUAL RESIDENCE (HOME) OF I	COUNTY PY
CITY (If outside corporate limits, write RUR OR give desirest town)	MARYLAND  RAL and LENGTH OF STAY  (is, this place)	CITY (If outside objectate limits, wri	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		ADDRESS	al/give location)  SIRET
3. NAME OF (First) DECEASED (Type or Print)	(Middle) JoSEPH /	ARREAL 4. DATE OF DEATH	(Month) (Day) (Year)  April 3 195/
5. SEX 6. COLOR OR MACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last 6 85	yrs.   Months.   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of spricing life even if retired)	10b. KIND OF BUSINESS OF INDUSTRY	11. BIRTHELACE (State or foreign coun	try) 12. CITIZEN OF WHAT COUNTRY?
Thomas Jan	ell	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If year, give war or dates service)		17. HYPORMANT AND ADDRESS	6 Harrell
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Carcinomat	esit	2 years
54 × Antecedent cause(s)	Harra arriv	Portion	3Usara
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Hubertensive	arterio- selerase	is 10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th.		
19a. DATE OF OPERATION   19b. MAJOR			20. AUTOPSY?
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY  m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended th	ne deceased from Augs.	, 19 50, to April 5, 1951	, that I last saw the deceased
alive on 2 April , 1951 , as SIGNATURE	nd that death occurred at.l (Degree or title)	ADDRESS m., from the causes and	on the date stated above.  DATE SIGNED
Sidney W. Lo.	wry WD -382	9-Kenneyloonia Ave	SE. Wash 20 , J. 4/5/5
23. BURLAL, CREMATION DATE REMOVAL (Specific 4/9/3	1 a sh me	ary Sales	City, town or county) (Frite)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24/ EUNERAL DIRECTOR	ADDRESS OF



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

D

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	D. C
IRINCE GEORGES MARYLAND	STATE COUNTY	RINCE JEO.
OR give nearest town)  OR to the state of th	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN /AKOMA AKK II YEARS	TOWN TAKOMA TARK	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7301 HILTON AVE.	STREET ADDRESS 7301 HILTON HVE	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) / K/EUA / EGINA / LE	DEATH APP.	// 1957
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 9. AGE last birthday If under Months Vrs.	
done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry Industry Industry	11. BIRTHPEACE (State or foreign country)   12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ANDREW ARKEDER	SUSAN REGINA KONRAD	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1 Tayana
(Yes, no, or unknown) (If yes, give war or dates of service)	MRS FRIEDA C. HUNTARLE 1301 HILTO	NAVE PARK MY
18. MEDICAL CE	RTIFICATION	11 - 1 1800/100
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Pagas		2010
Immediate cause (a)		Ludays
Antecedent cause(s)		
Diseases or conditions, if any, (b)	Mod** : ****** **************************	** ** ** ** ** ** ** ** ** ** ** ** **
giving rise to the above cause  10 9 stating the underlying cause last		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No K
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Mar 2:	2 .51. alm 11 .51	
22. I hereby certify that I attended the deceased from		
alive on 4 1 1957, and that death occurred at	9:00 a.m., from the causes and on the date sta	ated above.
SIGNATURIA (Degree or title)	ADDRESS PLANTILO PJ	DATE SIGNED
John M. Middlwright		4-11-51
DENICOVAL (Greatles)	RY OR CREMATORY LOCATION (City, town, or count	
DURIAL MARKETON STORES	The state of the s	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No...... 2. USUAL RESIDENCE (HOME) OF DECEASED STATE COUNTY CE COUNTY MARYLAND CITY (If outside corporate limits write RURAL and OR give pearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) TOWN mare HOSPITAL OR INSTITUTION OR STREET (If ra al give location) ADDRESS STREET ADDRESS 3. NAME OF (Middle) 4. DATE - (First) (Last) (Month) (Day) (Year) DECEASED (Type or Print) DEATH MICLE WIDOWED DIVORCED. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday If under 1 year | If under 24 hrs Months | Days | Hours | Min. (Specify) Small II BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done duting most of working life, even if retired) COUNTRY? 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 🗆 21. EXTERNAL CAUSE WAS PLACI. (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. INJURY INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at INJURY Ollision Car driven 22. I certify that I took charge of the remains described above, held an Autopsy N. Inspection M Inquiry M thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my oninion resulted from: natural causes [], accident . suicide [], homicide [], undetermined []. SIGNATURE DATE SIGNED 22. BURIAL CREMATION DATE THEREOF LOCATION (City, town, or county) MOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

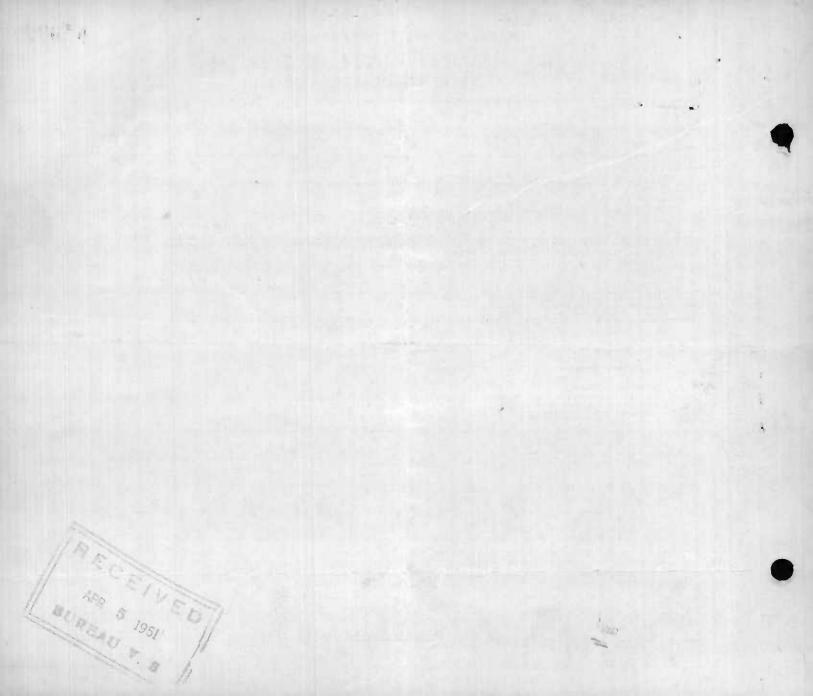
Supply every item write the causes of RESERVED INK. please Physicians: , WITH UN PLAINLY, s especially i RIT 3

correct

of information carefully. death clearly and legibly.

item

PLEASE



OATT N. Charles Chart Daldense

241	I IV. CHATIES	Street, Daitimore				
CERT	IFICAT	E OF DEAT	TH I	Reg. Dist. N	. 241	*******
I. PLACE OF DEATH.	<b>\$</b> (	2. USUAL RESIDENCE (	HOME) OF DEC	EASED.		
COUNTY	RYLAND	STATE Distric	t of Colum	hi COUNT	Y	
	GTH OF STAY	CITY (If outside corpor	rate limits, write F	URAL and gi	ve nearest tow	n)
OR give negrest town) (in	this place)	OR	ashington			-,
TOWN Andrews Air Force Base HOSPITAL OR		STREET	(If green o	ive location)		
INSTITUTION OR STREET ADDRESS		ADDRESS 132 13	th St. S.	TC.		1
3. NAME OF (First) (Middle	,	(Last)	14. DATE	(Month)	(Day)	(Year)
· DECEASED		Forquer	OF	April	24	
(Type or Print) Barney  5. SEX   6. COLOR OR RACE   7. SINGLE, M	(ARRIED I	S. DATE OF BIRTH	9. AGE last birt			1951
5. SEX 6. COLOR OR RACE 7. SINGLE, M WIDOWEN (Specify)	DIVORCED,	1895		Months	Days Hour	Mln.
102 IISHAL OCCUPATION (Give kind of work   10h, KIND OF	BUSINESS OR	II. BIRTHPLACE (State		yrs.	2. CITIZEN OF	WHAT
done during most of working life, even If retired) Labor Foreman US Air F	BUSINESS OR SE SUPPLY	Pennsylvani			COUNTRY? US	
IS. FATHER'S NAME	orce	14. MOTHER'S MAIDEN		•	. 01	IA.
Unknown		Unknown				
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL S	SECURITY NO.	17. INFORMANT AND	ADDRESS			-
(Yga, no, or unknown) (If yes, give war or dates of leervice) World War I 211-01.		Son	11001100			
	B. MEDICAL CER				1	
		************			INTERVAL B	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH				ONSET AND	DEATH
Immediate cause (a) Coronar	y heart d	lisease				
Lto 1		And the same of th	<b>•60000</b> 00	******************		
Antecedent cause(s)						
Diseases or conditions, if any, (b) giving rise to the above cause	**************************************	D D-SHI O VO TH SHIP ON DECRESSES TO D-HIN THE SHIP D AND THE ANSWERS AND	skirk sindricumerie de a arabar dan se q se rade a se sangapay quana n qaq	*****************		
stating the underlying cause last					1	
(c)					1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not						
related to the disease or condition causing death. NO 19s. DATE OF OPERATION   19b. MAJOR FINDINGS OF					20. AUTOR	2012
	OFERATION				4.5	-
None None  21. ACCIDENT (Specify)   PLACE (Home, farm	factows street	(CITY OR	TOWN	COUNTY	Yes (STAT	No X
SUICIDE OF office bidg., et	c.)				,	_,
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCC	HIPPED :	Andrews Air Fo	rca Base,	Frince	Georges	MD
OF While at	lot While	HOW DID INSORT OF	,0014.			
INJURY m.   Work	At work [					
22. I hereby certify that I attended the deceased from	om	. 19 to	19	that I last	aw the dec	eased
alive on, 19, and that death	occurred at	1200 F.m., from the	e causes and or	the date st		
SIGNATURE	e or title)	ADDRESS 1050th M	edical Gro	auc	DATE SIG	INED
Cap Cap	t. USAF ()	MC) Andrews AFB	Morriand	24	April 19	157
23 PARIAL, CREMATION   DATE THEREOF   NAM	E OF CEMETER	RY OR CREMATORY	LOCATION (City	, town, or coun	ity) (S	tate)
AND COVERY (Constitution) A SEC A 10 mg/	PRLINE		APIINC.	mul	1,00,111	1
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1	24. FUNERAL DIRECTO	OR OR	ON,	ADDRESS	3
REG April 1951 alma R.	Wall	W.W.CH,	AMBERS	Co W	1SH Z	10
					Later of the same	-

Supply every item of information carefully. write the causes of death clearly and legibly. RESERVED FOR BINDING PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

please

correct age

A15

WRITE

PLEASE

BUREAU V. S.

2411 N. Charles Street, Baltimore

- CE	CRTIFICAT	E OF DEAT	'H Reg	. Dist. No. 2,3/
1. PLACE OF DEATH- COUNTY PIPE GEORGS CITY (If outside corporate limits, write RURAL and OR give nearest town) hearth Hospital OR INSTITUTION OR STREET ADDRESS PIPE George	MARYLAND LENGTH OF STAY (in this place) (in this place) (in this place) (in this place)	2. USUAL RESIDENCE (ISTATE MANAGEMENT OR TOWN STREET ADDRESS 307-	ate limits, write RUR  (If rural, give	AL and give nearest town)
male I synile i (S)	(Middle)  NGLE, MARRIED,  OWED, DIVORCED,  pecify)	(Last) -0 (W/e/c SC - 8. DATE OF BIRTH 19 Dec 1893	OF DEATH  9. AGE last hirthday  7  yrs.	Months   Days   Hours   Mi
done during most of corking life, even if retired) INDU	oler	11. BIRTHPLACE (State of Mary C.)  14. WOTHER'S MAIDEN  Many C.	I NAME?	12. CITIZEN OF WEA
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. (Yes, no, or unknown)   (If yes, give war or dates of service)	Social Security No.  18. MEDICAL CE	Stos	ADDRESSEC	ard.
I. DISEASES OR CONDITIONS DIRECTLY LEADING (a)	ING TO DEATH	Heart F	arlure	Interval Betwee Onset and Deat 6 days
giving rise to the above cause	leumo ni	Tis Base To	) -	ng 24 hom
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
SUICIDE OF office	ome, farm, factory, street,	(CITY OR	rown) (	20. AUTOPSY? Yes No (STATE)
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJU OF INJURY m. World		HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the dece alive on April 9 , 1957, and that SIGNATURE:	,	1951, to April		t I last saw the deceased the date stated above.  DATE SIGNED
23. BURIAL CREMATION DATE THEREOF REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNA	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, too	vn, or county) (State)
REG. Har. 10 amana	a Wown	War Ch	unbers'	Cus 5/7-/12/19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

The correct age



2411 N. Charles Street, Baltimore

04002

	CERTIFICAT	E OF DEAT	Reg. Dist. 1	vo. 239
1. PLACE OF DEATH- Prince Lev	yes MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	TY
CITY (If outside corporate limits, write RUSOR give nearest town) TOWN Mars	RAL and LENGTH OF STAY (in this place)	CITY (If outside corpora	gliphits, Frite RURAL and	give nearest town)
HOSPITAL OR	milarung	STREET ADDRESS	(If rural, give location)	V
3. NAME OF DECEASED (Type or Print) KATE		ERHARDT	4. DATE (Month) OF DEATH April	(Day) (Year) 4 195/
5. SEX Leusle 6. COLOROR RACE	7. SINGLE, MARRIED, WIDOWED, (Specify)	6-16-1865	3. AGE last hirthday If under Month	s. Days   Hours   Min.
done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Virginia		12. CITIZEN OF WHAT COUNTRY? U.S. H.
13. FATHER'S NAME Claybourne	Walkins	14. MOTHERS MAIDEN	a abbot	
15. Was DECRASED EVERIN U.S. ARMED FORCE (Yes, 10, of unknown) (If year, give war or dates	16. SOCIAL SECURITY No.	17. INFORMANT AND	Termen, mends	have, n. J.
I. DISEASES OR CONDITIONS DIRECTLY	Y LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Lufluenza	**************************************		10 Days
Antecedent cause(s)  Diseases or conditions, if any, (b)	Chronic myre	ardita		many years
giving rise to the above cause stating the underlying cause last	Chronic and	brenditis		20 00
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death hut not related to the disease or condition causing de	ath.	terioselerois		// //
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
SUICIDE	ACE (Home, farm, factory, street, office bidg., etc.)	(CITY OR TO	OWN) (COUNTY	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour)	I INJURY OCCURRED	I WOW DID THURN OCC	ITD9	***************************************
OF INJURY m.	While at Not While Work At work	HOW DID INJURY OCC	OKI	
OF INJURY m.	While at Not While Work At work			saw the deceased
OF INJURY m.  22. I hereby certify that I attended to	While at Not While Work At work	-, 1949, to 4-	4, 1951, that I last	
22. I hereby certify that I attended the alive on 4-3, 1957, a SIGNATURE	while at Work Not While At work he deceased from he deceased from that death occurred at the control of the con	P:50 A.m., from the	4, 1951, that I last	stated above. DATE SIGNED 4-4-1951
22. I hereby certify that I attended the alive on 4-3, 1957, a	while at Work At work he deceased from that death occurred at the legree or title.  NAME OF CEMETE  NAME OF CEMETE  NAME OF CEMETE	P:50 A.m., from the	Hand, 1957, that I last causes and on the date s	stated above. DATE SIGNED 4-4-1951

VS. A15

PLEASE

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

NIARGIN RESERVED FOR BINDING

1951

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0 /		***************************************	
무/	I. PLACE OF DRATH	1 2. USUAL RESIDENCE (HOME) OF DECEASED.	
1	COUNTY MICE CHARGE MARYLAND	STATE THE YEAR COUNTY	
5.5	CITY (If butside corporate lights, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write AURAL and give near	est town)
2:0	TOWN TOWN TOWN (in this place)	TOWN Comford	
are	HOSPITAL OR	STREET // (If rural, give location)	
200	INSTITUTION OR 302 Poplaro Road.	ADDRESS 3 9 Samplan	-
of information carefull death clearly and legibly	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day	v) (Year)
rly	DECEASED	OF	
rm	(Type or Print)  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	DEATH DEATH   9. AGE last birt lday   If under I year	195 /
160	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED/ (Specify) Manual	W Alex 12/7 7 -7 Months   Days	Hours   Min.
att	Male While (Specify) Married	Sept 21 1913 ym. 1	
de	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on defeduring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITI	IZEN OF WHAT
item es of	Chores Cuplus byson	o Voncum, la	501
es it	IJ. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
<b>5</b> 2	Helson yuyer	Un abelle Wandland	
S S	15. WAS DECRASED EVER IN OS. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or anknown)   (If yes, give way or dates of	130 INFORMANT AND ADDRESS	0
oly every item the causes of d	pervice)	Lean W. Juyer - Martinsh	usc. (6) -
E e	IS. MEDICAL CI		1
Suppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		BEFAL BETWEEN BET AND DEATH
NK. please	Immediate cause (a) Avaphysh	Adams	00 00 waste same waster =
Zā	0150		
נים בין	Diseases or conditions, if any, (b)	1/	
Zu	giving rise to the above cause	**************************************	
Die:	stating the underlying cause last		
VFADING Physicians:	(a) confagrat	in	
UNFADING t. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
5	related to the disease or condition causing death.		1011-0
H	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY
ITH			No No
WITH U	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Offices bldg., etc.)		(STATE)
	PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	Moungade-12. Sig - M	d.
NL)	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCURA D. SORlaw 13. 25	- crashed
Z.S	OF INJURY 4-1-51-4.05 Pm. While at work at work	unto house where de hased was in	actions
PLAINLY s especially			1
P	22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec	Autopsy , Inspection & Inquiry of thereon and from	the evidence
四.=	from: natural causes , accident , suicide , homicide		ion resuited
T	SIGNATURE (Degree or title)		ATE SIGNED
~		-1 1 1 he Al 1	
三	Holm, ). Malgney M. D. med . Wom	Cheverly totallswife, Mol 4	1-9-5-1
SE-WRI		RY OR CREMATORY   HOSATION (City, town, or county)	(State)
A (	transfer 13/11/01 crans	ora , we justing	Anthrop
<b>四</b> •	DATE RICD BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR	BRESS
0	REGALIA (10) Compular Vorono	I Besch Some Hyallen !!	white
190	Will to the state of the state	you for all was	

BUREAU V. S

PLEASE

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles Street, Baltimore

## CEDTIFICATE OF DEATH

Y	CERTIFICAT	E OF DEATH	Reg. Dist. No.
1	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DE	CEASED.
u	COUNTY PENCE GEO. MARYLAND	STATE D.C	COUNTY
1	OR give reasest town	CITY (If outside corporate limits, write	RURAL and give nearest town)
Ł	HOSPITAL OR	TOWN MISSINIA	one)
	INSTITUTION OR 13.26 NICHOLEAN SY	ADDRESS 5/1/2 vinces	give location / N.W.
	3. NAME OF (First) (Middle) DECEASED (Type or Print)	A DATE OF DEATH	(Month) (Day) (Year)  A - 2/- 5/19
	6. COLOBY OF RACE 7. SINGLE, MARRIED, WIDOWED, DYORCED, (Specify) (John (Specify) (John (Specify)) (John (Specify))	8. DATE OF BIRTH 9. AGE less bir	
	10a. USUAL OCCUPATION (Give and of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	
	13. FATHER'S NAME BOLLON	14. MOTHER'S MAIDEN NAME	
L	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS	Unalla mo
P	(Yes, no, or unknown) (If yes, give war or dates of service)	MARIE FROM IN AS	226 Nicholson St
Г	18. MEDICAL CE	RTIFICATION	1 10 10 10 10 10 10 10 10 10 10 10 10 10
L	L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
и		1.7	2
ŧ.	Immediate cause (a)	weareurs	Lmg +
1	Antecedent cause(s) Diseases or conditions, if any, (b) Serveralized as	terioscleroris	2 ment
	giving rise to the above cause stating the underlying cause last		
L	(c)		
F	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
Г	19a. DATE OF OPERATION   19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
m			Yes □° No □
l	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
E	INJURY m.   Work   At work		
	22. I hereby certify that I attended the deceased from	5, 1949, to april 21, 1951,	that I last saw the deceased
l	alive on Charles, 19, 19, and that death occurred at 3.	27.A.m., from the causes and o	n the date stated above.  DATE SIGNED
	Horry in enterg, m. 21.	Wash 10 7th	8/h·W 4/21/51
	23. BURIAL, CREMATION DATE THER OF NAME OF CEMETER REMOVAL (Specify)		y, town, or county) (State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

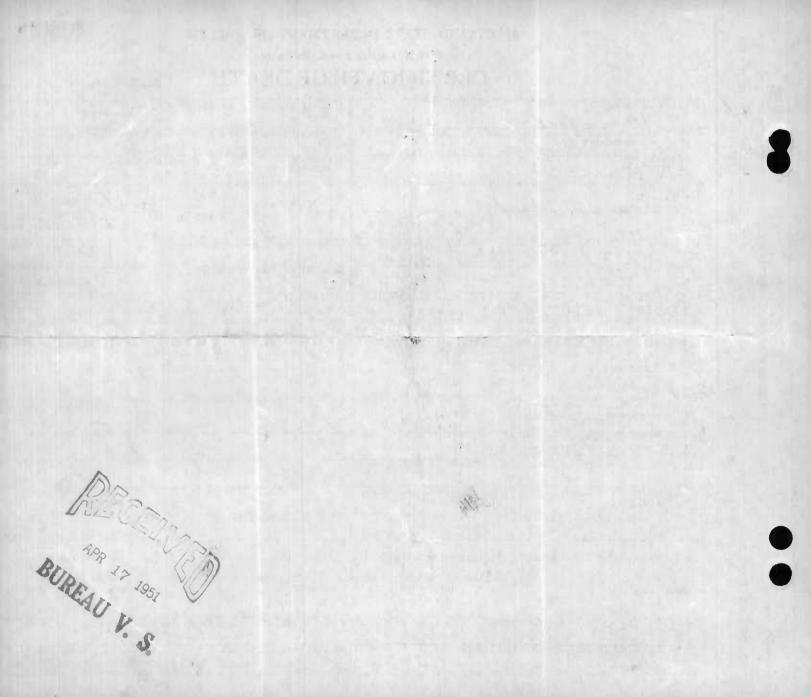
BUREAU V. S.

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Dist. No. 23, 1

	aces. Dion. 110	
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
TRINCE GEORGES MARYLAND	Maruland.	
OR givo nearest town)	OR CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN Chevery Lagues	TOWN College PARK.	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	7
STREET ADDRESS PRINCE GEO GEN HOSP		et
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) /// / / / / / / / / / / / / / / / / /	Helmer DEATH You	13 197
WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under I Months Months	year   If under 24 bra   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind or Business or	318.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
Im Caddoo	Glant the ann matth	we
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO	17. INFORMANT AND ADDRESS	011
(Yes, no, or unknown) (If yes, due war or dates of service)	me faul A. Hermer College	Tark mg
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1 to the	· ~ //. / ·	21.1.
Immediate cause (a)	Coronary (Mornlows	20 m.
253 Antecedent cause(s)	1. 4.	
Diseases or conditions, if any, giving rise to the above cause	win sulling of	70000000000000000000000000000000000000
stating the underlying cause last	-/// - ///	
(c) Through Think	ord assend - 5 mg. felfall	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	•	1 20. AUTOPSY?
198. DATE OF OTERATION 130. MASON FINDINGS OF OTERATION		
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(OUTT OUTTOWN) (OUTT)	(SIAIL)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	El 11-12 El .	
22. I hereby certify that I attended the deceased from 4-11.	, 1951, to 4-13, 1951, that I last sa	w the deceased
alive on 4-13 1951, and that death occurred at 1	6.2.00m., from the causes and on the date sta	ited shove.
SIGNATURE (Degree or title)	ADDRESS // /	DATE SIGNED
MN SMARL M.D. 4	1514 6-Wagen File Jeld.	4-12-51
23_BURIAL, CREMATION   DATE/THEREOF   NAME/OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county	(State)
MOVAL (Spelly) 4/16/5-1 Cerlington	- Emeley arlington (	SC (SIZE)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. Phril 15 Amanda Downey	7 Buche som Regalle	relient
1001	A	===
1931		



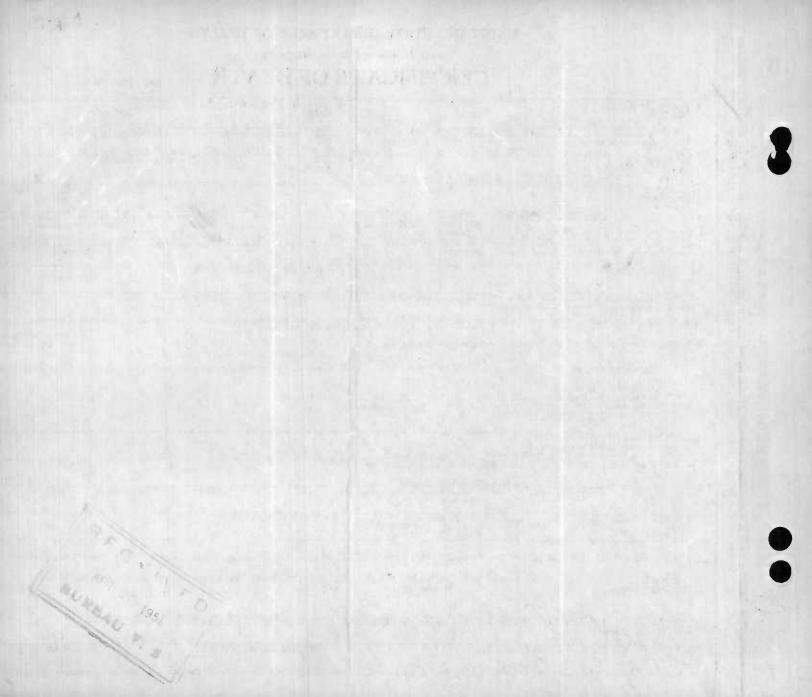
2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

g. Dist. No. 2 3 /

Wash, D.C.

	OBJETH TOTAL	DOI DENTI	keg. Dist.	No
1. PLACE OF DEATH-		2. USUAL RESIDENCE (I		- May -
ricince geor	GCS MARYLAND	STATEMARULAN	A Prince G	enedre.
CITY (If outside corporate limits, write	e RURAL and   LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and	give nearest town)
OR givo nearest town) Cheve	erlu (in this plage) days	TOWN DRILL	duwine.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS PRINCE	Comme Consent 14	STREET	/(If rural, give location)	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED /7	in R	404	OF DEATH ADRIL	8 1951
5. SEX   6. COLOR OR R	ACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday   If und	
Female Mihit	WIDOWED, DIVORCED, (Specify)	3-22-1878	73 yrs. Month	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of done during most of working life, evon if references to the control of the	etired) INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME /	Domestio	14. MOTHER'S MAIDEN	NAME	
71/illelano	Plochert		ine?	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes, give war or service)	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS How. Po	cords
· portant	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRE				INTERVAL BUTWEEN
I. DISEASES ON CONDITIONS DINE		0, -		ONSET AND DEATE
Immediate cause	(a) Mono entic	Leukenna		7 grs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)(c)			2 000 1 2 1 00 00 00 1 2 1 0 0 0 0 0 0 0
II. OTHER SIGNIFICANT CONDITION Conditions contributing to the death by related to the disease or condition cause.	it not ling death. Persusant	time of Colon	Drubaction	2
19a. DATE OF OPERATION   19b. M.	AJOR FINDINGS OF OPERATION	occord of	,	20. AUTOPSY!
3-10-5/	Cecoslany.	1		Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR 1	COUNT	Y) (STATE)
	Iour) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attend	led the deceased from 2 -2	3.195/. to 4-8	19. T/that I last	saw the deceased
1 —		130_	1.5	
	, and that death occurred at	ADDRESS	causes and on the date	stated above. DATE SIGNED
SIGNATURE	1 0 als (Begree of Life)	ADDRESS	1 , 10	DATE SIGNED
and Id Wing	when mx/ 11	146 KST HU	Med 10	4-1.01
	- A	RY OR CREMATORY I	OCATION (City, town, or co	unty) (State)
(REMOVAL Specify) Caril	9-195/ Cedar 7+	ill	Swittand	mol
DATE REC'D BY LOCAL   REGIST	RAR'S SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
REG. Phrel 9 Un	randa Dorones	Limmon	Bros. 2007-1	Techol and &1.



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e correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

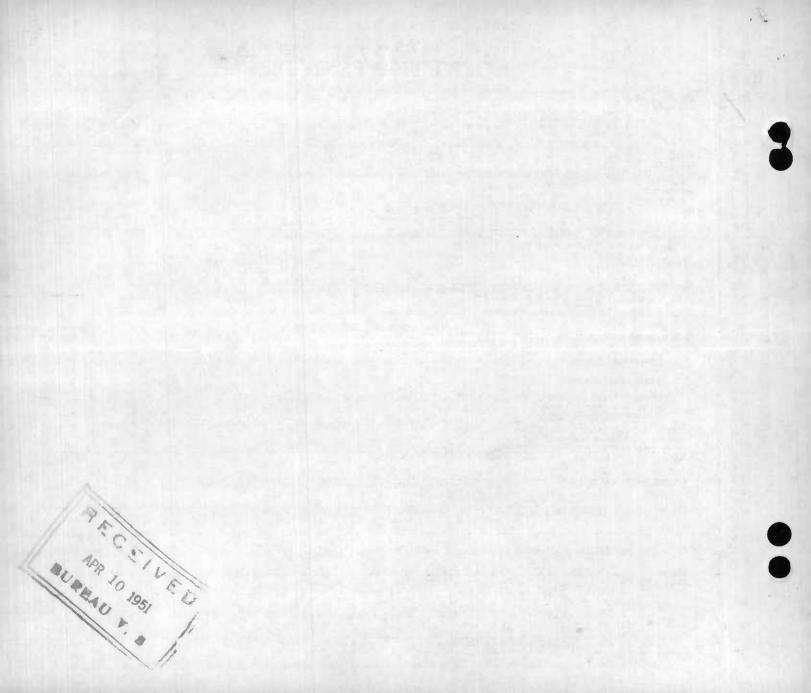
2411 N. Charles Street, Baltimore

#### 2411 N. Charles Street, Dalitmore

#### CERTIFICATE OF DEATH

eg. Dist. No. 239

/		CERTIFICAT	E OF DEAT	. II R	eg. Dist. No	20	<i>I</i>
1. PLACE OF DEAC COUNTY	river George	MARYLAND	2. USUAL RESIDENCE	HOME) OF DECE	COUNTY COUNTY	ntin	very
CITY (If outside OR give neare TOWN		LENGTH OF STAY (in this place)		ungley		neapest to	(vn)
HOSPITAL OR INSTITUTION STREET ADDR	OR Jamel S	anitarium	STREET ADDRESS	(If rural, give	ve location)		/
3. NAME OF DECEASED (Type or Print)	VOSEPH		KIN'S	4. DATE OF DEATH	pril 7	(Day)	(Year) 19 <b>5/</b>
5. SEX male	6. COLOF OR RACE	7. SINGLE, MARKIED, WIDOWID, DIVORCED, (Specify)	8. DATE OF BIRTH 2-1-1857	9. AGE last birth	rs. Months. I	Days Hou	irs   Min.
done du most of	PATION (Give kind of work f working life, even if retired)	10b. Kind of Business on Industry	Marylan	or foreign country)		CITIZEN OUNTRY?	4.5.9
13. FATHER'S NA	esh Hopku		Marily 1	Harper			
15. WAS DECKASED (Ym no, brunknown	(If year, give war or dates nervice)	of	17. INFORMANT AND	Leey Ken	singlory	med.	
I. DISEASES OR	CONDITIONS DIRECTLY	18. MEDICAL CE	ERTIFICATION			INTERVAL :	
Immedia	ate cause (a)	Chronic M	yourdilis	PRO-000 സേർഡ് സെ സ്		Mary	Year
221	ent cause(s)	Chronic &	docardile	۷.			LE
glving rise	or conditions, if any, to the above cause e underlying cause last	General a	terioscler.	rus	***************************************	,,	
Conditions contri	FICANT CONDITIONS ibuting to the death but not lease or condition causing des	ıth.		<del></del>	entretien des destinantes de la companya del companya de la companya de la companya del companya de la companya		
		FINDINGS OF OPERATION			1	20. AUTC	PSY?
						Yes 🗌	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	OF	ACE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN)	(COUNTY)	(STA	TE)
TIME (Month OF INJURY	n) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?			
22. I hereby ce	ertify that I attended th	ne deceased from 5-/	5, 19.49, to 4-	7 , 19 57 , th	nat I last sav	v the de	ceased
alive on	4-6-, 1957 a	nd that death occurred at	ADDRESS	e causes and on	the date stat	ed above	
23. BURIAL, CRE		SI NAME DE CEMPTE	RY OR GREMATORY	LOCATION (City,	town or gounty	7/	_//\(\)/
Suria	Y LOCAL   REGISTRAR'S	SIGNATURY TOTAL	24. FUNERAL DIRECT	forest	Here	ADDRES	20
I WANT IS THEIR D.	a moral appropriation	/ wager and wally   /	VOTAMANNEN WATERTON	~~~		ALD DIVEN	.343



2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

	Neg. Dist. No	
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
MARYLAND	Transfanel marce 12	ensu
OR site nearest town) (in this place)	OD TO THE PROPERTY OF THE PROP	(n)
OR side nearest town Blrwifn 44 years	TOWN Rural, Berwyn	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS		
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) OF	(Year)
(Type or Print) AMONNA EE  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	S DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under	195/
Florale White WIDOWED DIVORCED (Specify) married	1000 0, 100 0 yrs.	ms Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF COUNTRY2	WHAT
Housewife at nome	1/Vagina 1 0)	9
12. PATHER'S NAME	14_MOTHER'S MAIDEN NAME	
John m Color	Margaret Ellen Broops	
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. Pres, no, or unknown) (II year, give war or dates of	17. INFORMANT AND ADDRESS . Colegy	K.
no service) None Mone	14 mars 10 Jefferer, Ind.	
18. MEDICAL C		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
Immediate cause (a) Soust	communica 3kg	40
Immediate cause		
U22   Antecedent cause(s)	11.09	1.
Diseases or conditions, if any, (b)	nous susufficient Ly	u.
93d giving rise to the above cause stating the underlying cause last	livid Pater Deleahor	20.
II. OTHER SIGNIFICANT CONDITIONS	my your warrant	
Conditions contributing to the death but not related to the disease or condition causing death.	least 104	u.
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTO	PSY?
	Yes 🗆	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CITY OR TOWN) (COUNTY) (STAT	E)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Call.	18 100°1 4 Falk 18 10 10 1 1 1 1 1	1
22. I hereby certify that I attended the deceased from	, 195, to, 191, that I last saw the dec	eased
alive on Full 195, and that death occurred at	4 m., from the causes and on the date stated above	
SIGNATURE (Degree or title)	ADDRESS DATE SI	GNED
X 10 Massey no	Lauris #/14/	1.1
ZA. BURIAL, CREMATION   DATE   NAME OF CEMET	ERY OR CREMATORY   LQCATION (City, town, o county) (S	itate)
Johnson 4/16/51 St Johns	Christing Beltsville Ind	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	2
REG. Maril 14-1951 John & Smitte	- W Chambers Co, State	mod
- The state of the	Naugada Oak	200
	- fundade!	1000

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

## Reg. Dist. No. 105

04009

## CERTIFICATE OF DEATH

1. PLACE OF DEATH-	0.		2. USUAL RESIDENCE STATE	(HOME) OF DECEASED.	NTY
CITY (If outside corporate		MARYLAND LENGTH OF STAY	Marula	orate limits, write RURAL and	Progeo Co
OR give nearest town) TOWN	leels	(in this place)	OR TOWN OCC	aleele	d give seprest town)
HOSPITAL OR INSTITUTION OR	0,0	10	STREET ADDRESS	(If rural, give location	n)
STREET ADDRESS	cohech	mel	Hee	ral #1.	
3. NAME OF DECEASED 0	(First) (M	fiddle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) 6. COI	OR OR RACE   7. SINGL	E. MARRIED.	S. DATE OF BIRTH	1 9. AGE last big aday   If ur	19-57 ider / year  If under 24 hrs
Malo 711	WIDOW	ED, DIVERCED,	March 22/883		the Days Hours Min.
10a. USUAL OCCUPATION	Give kind of work   10b. KIN	D OF BUSINESS OR		or foreign country)	12. CITIZEN OF WHAT
Roused alleida	is front retirated industry	Farmer	Pruce &	corger GAD	ZCOUNTRY?
13. FATHER'S NAME	1.//		14. MOTHER'S MAIDE	N NAME	1
15 WAS DWINASED FURD IN M	S ARMED FORCES? LIS SOC	HAL SECURITY NO.	17. INFORMANT AND	ADDRESS/1503 S	Lightand
15. Was Deceased Ever In (Yes, no, or unknown) (If yes, service)	give war or dates of	AL SECURITI NO.	Daniel 7	ADDRESS 1503 S	2.0. 1.
(Bet Viet)	140 170	18. MEDICAL CEI	RTIFICATION	pour saco	overegood, ou
I. DISEASES OR CONDITIO	NS DIRECTLY LEADING				INTERVAL BETWEEN ONSET AND DEATH
		Carne	ares Gack	2	5.11.
Immediate cause	(a) fleute	. Cuchi	any vecc	acesa.	maden
420 , Antecedent cause		al anterior	Selen	111	Williams
Diseases or condition giving rise to the abo	ve cause	as when			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
740 stating the underlying	cause last				
II. OTHER SIGNIFICANT	CONDITIONS 12 L	you al	out Nuc	e- such	,
Conditions contributing to t related to the disease or con	dition causing death.	5 1950			
19a. DATE OF OPERATION					20. AUTOPSY?
21. ACCIDENT (Spec	PLACE (Home	farm, factory, street,	(CITY OR	TOWN) (COUN	TY) (STATE)
SUICIDE HOMICIDE	OF office bld	g., etc.)	accordi	ole Paller	- Just
TIME (Month) (Day)	(Year) (Hour)   INJURY	OCCURRED	HOW DID INJURY	CCUR?	
OF INJURY none	m. While at Work	Not While At work	ngin	usy	
22. I hereby certify that	I attended the decease	a Pare atter	weeken	19, that I las	et saw the deceased
22. I hereby certify that	1 1811 04	eath.	0 1		
SIGNATURE OF C	etai Dell Care	eath occurred at	ADDRESS	ne causes and on the date	e stated above.  DATE SIGNED
SIGNATURE	200	100/4	-1.1	1 100. 0	
Reul C Vour 9	out no les	rover	Washington of the state of the	m 190 ll	Ur 9 1951.
23. BURIAL, ONIMATION REMOVAL (Specify)	AL 12-51	St Tosepo	OR CREMATORY	LOCATION (City, town, or confres	(State)
DATE REC'D BY LOCAL	ENGISTRAR'S SIGNATU	RE	24. FUNERAL DIRECT		ADDRESS
REG. 4-/10-/51	m.L.11	Duly S	Huntty	Kuon Wa	



# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04010

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY 17	2. USUAL RESIDENCE (HOME) OF DECEASED	n 10.
- rence Learger MARYLAND	STATE Waryland COUNT	PA. Darge
CITY (If outside corporate limits, write RUBAL and   LENGTH OF STAY	CITY (If outside perponete limits, write RURAL and g	ive nearest town
OR give nearest town of TOWN Land (in this place)	TOWN Coslington 19	De
HOSPITAL OR INSTITUTION OR / 22/ 1/ 0/. 7/ 0ce	ADDRESS / 9 7 (11 rural give location)	150
STREET ADDRESS 62.36 - Marlong Good of	ADDRESS 6236 Warlbarg 4	00d J E
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) and a Leuton Kanick ho for	OF DEATH QUAL	15 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birt day If unde Months	r 1 year   If under 24 hrs.
(Specify) Warried	(CCCO / Y / 1/61 / Y yrs. 1	Days Rours Min.
done during most of working life, even if retired   INDUSTRY	11. BERTHULACE (State or foreign country)	2. CITIZEN OF WHAT
Kelesed Farmeer lower farm	Mest Virginia	tis,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Navice C PARICK 4 0T+	- Strader	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war of dates of	17. INFORMANT	000
service) Moul	reige Busse 4/a rient	1014,
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 24 0 (	ONSET AND DEATH
Dan to Conego	stive that failure	Sumadiati
Immediate cause (a)	The second	
450, Antecedent cause(s)	of Temps	174
Diseases or conditions, if any, (b)	- of A wee	6 40
stating the underlying cause last	10	
(r) Yeneral U	rengseleron	zuohudun
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
noul -	COUNTY OF MONEY	Yes No
21. EXTERNAL CAUSE WAS  PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY	(STATE)
	WOW DAD IN HARD OCCUPA	
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While	HOW DID INJURY OCCUR?	
injury m.   work   at work		
22. I certify that I took charge of the remains described above, held an A	Autopsy   Inspection . Inquiry   thereon and	from the evidence
obtained by said Autopsy, Unspection or Inquiry, find that said dece	ased died on the day stated above, and death in my	opinion resulted
from: natural causes . accident , suicide , homicide ,		Dime graven
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Saul Q Van Gallo Us Dolla	rosey Washing Var 1980 alex	157957
23. DOTALL CREMATION DATE HERBOF NAME OF CEMETE	RY OR CREMATORY VOCATION (City toy) or cou	nty) (State)
1900 7/8/51	Bucknau	non Wa
DATE REC'D BY LOCAL   BEGISTMAR'S SIGNATURE	24 EVNERAL POLECTOR	ADDRESS 04
REGaper 18:1951 - Edua F. Collins	W. W. ( frambers to, 5/1	11:21:82



he correct age

Supply every item of information carefully

WITH UNFADING INK.

# CERTIFICATE OF DEATH

	FOR	MEDICAL	EXAMINERS	Reg. Dist.	No. 372
	I. PLACE OF DEATH- COUNTY Prince Gerage MAI	RYLAND	2. USUAL RESIDENCE	(HOME) OF DECEASED.	NTY P. Ger
SIULY.	OR give hearest that	this place)	CITY (If outside corpo	nte limits, write RURAL and	give near st town)
ar pri	HOSPITAL OR INSTITUTION OR 4/3-70 Place	ul-	STREET ADDRESS 4/3-	(If rural, give location	1)
113 0	3. NAME OF (First) (Middle DECEASED		Jacob C.	4. DATE (Month)	(Day) (Year)
CICA	Type or Print)  6. COLOR OR RACE 7. SINGLE, M. WIDOWED.	ARRIED A	8. DATE OF BIRTH	9. AGE last birthdry   If ur	der I year   If under 24 hr ths   Days   Hours   Min
Cart	10a. USUAL OCCUPATION (Give kind of work   10b. Kinn or	Busin ss or	II. BIRTHPLACE (State	1 6 6 Xrs. 1	12. CITIZEN OF WHAT
100	done during most of wonding the eyen if retried) INMOSTRY  13. FATHER'S NAME	ed	Balling 14. MOTHER'S MAIDE		ZCOUNTRY?
367	Leone Kelly - Boltus	re 748	Barbar	2 - Junter	gor)
2	15. WAS DECEASED EVEN IN U.S. AMMED FORCES? 16. SOCIAL S (Yes, no or unknown) (If yes, give way or dates of service)	5-3679	Maurice	Thomas Kell	y Seut Masser
371		. MEDICAL CEI	RTIFICATION	~	INTERVAL BETWEE
W. New	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO		line Kea	A buliese	ONSET AND DEATH
2	Immediate cause  (a)  (b)  (c)  (c)  (d)	00092	1		
Con the control of	Diseases or conditions, if any, (b) giving rise to the above cause	yyor	ardiles	E. I	6Weeks.
200	93d stating the underlying cause last (c) Gener	al ar	Terioscle	raci	unlunger
	Conditions contributing to the death but not related to the disease or condition causing death.				
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
3	21. EXTERNAL CAUSE WAS PLACE (Home, farm PRIMARY OF CONTRIBUTING OF office bldg., etc	2.)	O + (CITY OR	1. 7 DO.	
	TIME (Month) (Day) (Year) (Hour) INJURY OCC		HOW DID INJURY OF	CCUR?	99 419
	INJURY TO WULL m.   work	at work	nougher		
	22. I certify that I took chorge of the remains described a obtained by said Autopsy, Laspection or Inquiry, find	that said deced	ised died on the dry stat	, Inquiry thereon a ed above, and death in a	nd from the evidence my opinion resulted
	from: natural causes V, accident , suicide , SIGNATURE (Degree	nomiciae ,	ADDRESS		DATE SIGNED
	23 BURIAL, CREMATION   DATE THEREOF   NAME	Chuy Da	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	ugten 198c a	evr 151951
	Bremoval (Incity) 4/18/0-/ Z	1 4	eoln	Colman My	not ma
	DATE REC'D BY LOCAL REGISTRAK'S SIGNATURE	leg.	Z. EUNEVAL DIRECT	is some Hy	Manle ha



2411 N. Charles Street, Baltimore

#### DED THE OF DE ATH

· GERTIFICAT	E OF DEATH Reg. Dist. N	0.7.04
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY PR. Georges Co. MARYLAND	STATE MARYLAND COUNT	4 eq. 6
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and bi	ve nearest town)
OR give nearest town) TOWN 7865 J. Sante R.J. (in this place)	TOWN FORT Foole Mar	YLand
HOSPITAL OR INSTITUTION OR	STREET (If rural, give iocation)	
STREET ADDRESS	ADDRESS 7805 - FORT FOOTE	Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) GEORGE F.	ERBY DEATH QPRIL	12 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH   9. AGE last birthday   If under	1 year   If under 24 hrs
Make While (Specify) Single	1) 2p1, 14-184/1 0 / yrs.	
done during most of working life, even if petired INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
farm wark K-ETIBED I TO GOVA.	14. MOTHER'S MAIDEN NAME	usa
13. FATHER'S NAME	A = A A	
TEORGE LERBY	Mary Marden	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) service)		MIRLBORD
service)	HOWARD MI Kerby - PIN	re, md
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Har.	ONSET AND DEATH
Immediate cause (a) Coronau	1 momores	
4201 Antecedent cause(s)	111111111111111111111111111111111111111	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		** ** ** ** ** *** ****
II. OTHER SIGNIFICANT CONDITIONS	7999799888448446444444444444444444444444	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from.	104) Ain 12 51	
alive on 17 m. 1.1, 19.1, and that death occurred at.	O.J	ated above.
SIGNATURE (Degree or title)	ADDRÉSS	DATE SIGNED
USChwartman ma	2015 N, cholo 8	4/12/10
23. BURIAL, CREMATION   DATE   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or count	ty) (State)
DEMOVAI. (Specify)	Nabas Cem OXON HILL.	MaryLand
	24. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

age

The correct

wash 20

MERY. ADDRESS

Coroner notified = synovid.
Ablutymen, med.

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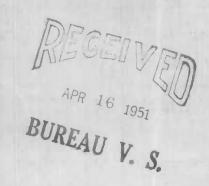
MARGIN RESERVED FOR BINDING

VS. A15A

FOR MEDICAL	EXAMINERS	Reg.	Dist. No. 745
1. PLACE OF DEATH. COUNTY COUNTY COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE OF	HOME) OF DECEASE	D. COUNTY
OR give nearest to a town (In this place)	CITY (If outside corpor OR TOWN	ate limits, write IVURA	Land give (warest town)
HOSPITAL OR OF 1-1- 1304 100 Road STREET ADDRESS Ponder Will Road	ADDRESS OWN	The Ell Co	eation)
3. NAME OF (First) (Middle) DECEASED (Type or Print)	18 al	OF DEATH Cyp	
S. SEX  S. COLOR OR RACE  7. SINOLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wadowed	6. DATE OF BIRTH	80 yrs.	If under I year   If under 24 hr Months   Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME	11. BLRTHPLACE (State of LACOLOGY) 14. MOTHER'S MAIDEN	voluia	12. CITIZEN OF WHAT
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	1 1	own.	
(Yes, no, or unknown) (If yes, give war or dates of service)	Gengrano	11 1/	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a)	, ,	earl July	INTERVAL BETWEEN ONSET AND DEATE
420, O Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 93d stating the underlying cause last (c)	Enstre heart	- disease:	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Olav on	moway)	20. AUTOPSY! Yes No 5
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Off office bldg., etc.) CAUSE OF DEATH.	(CITY OR	rown) (C	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work	HOW DID INJURY OC	CUR?	
22. I certify that I taok charge of the remains described above, held an A obtained by said Autapsy, Inspection or Inquiry, find that said dece from: natural causes accident suicide, homicide (Degree or title)	nased died on the day state undetermined ADDRESS Cheverley	Inquiry there ed above, and death  Anathoral LOCATION (City, town	in my apinion resulted  DATE SIGNED  L. M. 4-12-51
REMOVAL (Specify) 4/13/5/ -/11/2/	remateries	Wash.	Die.

REGISTRAR'S SIGNATURE

24. FYNERAL DIRECTOR



MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

eg. Dist. No. 239

	neg. Dist.	110
1. PLACE OF DEATH Prince Longes MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	same,
OR give nearest town)  TOWN  CITY (If outside corporate limits write RURAL and LENGTH OF STATE (in this place)  TOWN	300 TOWN Bellivore	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Faurel Samilarium	ADDRESS 2802 St. Paul St.	<b>✓</b>
3. NAME OF DECEASED (First) (Middle) (Type or Print) CLARA O. de H.	LAITHE   4. DATE (Month) OF DEATH Chil	(Day) (Year)
5. SEY 6. COLORON RACE 7. SHOOLE, MARRIED, WITOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birth ay If und Mont	ler 1 year   If under 24 hr. hs.   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (state or foreign country)	12. CITIZEN OF WHAT COUNTRY? 4.5.4.
Rudolph Cell de Hattersheim	14. MOTHERS MAIDEN NAME	n ar )
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, p.e, or falmown) (If year, give war or dates of service)	Henry M. Faithe 2802 L	Paul St. My
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic Myoc	enths	Sundyer
Antecedent cause(s)  Diseases or conditions, if any, (b) Chronic End	renditis	Severalyear
giving rise to the above cause stating the underlying cause last (c) Bronche pure	unjua	1 week
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	torioselorosis	many years
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		Yes D No.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	t. (CITY OR TOWN) (COUNT	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-/5	F- 1949 to 4-1- 1957 that I leef	saw the decorate
alive on		
23. BURIAL CREMATION DATE REMOVAL (Secity) 4/4/51 Loudon Par		unty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4/4/5 & W KACHCCH	24 FUNERAL DIRECTOR W. W. Mades and Son 805 M. Co.	ADDRESS

2411 N. Charles Street, Baltimore

T. T.

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTRY STATE MARYLAND CITY (If outside corporate limits. LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give reasest town) of information carefully death clearly and legibly give negrest theyn Colma TOWN HOSPITAL OR STREET INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middie) DATE · (Last) (Month) (Day) (Year) DECEASED IZEAT 195 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCY (Specify) 9. AGE last birthday If under 1 year |If under 24 hrs Months Dave Hours | Min. 10b. KIND OF BUSINESS OR USUAL OCCUPATION (Give kind of work THPLACE (State op/oreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME ly every 15. WAS VOCEASED EVER IN U.S. ARMED FORCES? 16. SOCHAL SECURITY NO. ADDRESS (Yes, no, or unknown) (If yes, give was or dates of Suppl. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. 8 Immediate cause Antecedent cause(s) UNFADING t. Physicians: Diseases or conditions, if any. (b) ... giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not important. related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [ No [ (CITY OR TOWN) 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (COUNTY) (STATE) OF office hidg., etc.)
INJURY SUICIDE HOMICIDE especially TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While INJURY Work At work Ri L 195 /, that I last saw the deceased 22. I hereby certify that I attended the deceased from. WRITE alive on .... DATE SIGNED SIGNATURE (Degree or title) PLEASE 23. BURIAL, CREMATION (State) wria REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED

APR 16 1951

BUREAU V. S.

2411 N. Charles Street, Baltimore

### 2411 N. Chailes Silect, Daitimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 245

OBITATION A	Ed Dist. No.	
I. PLACE OF DEATH- COUNTYPrince Georges MARYLAND		Prince Georges
CITY (If outside corporate limits, write RURAL and Sive nearest town)  Chillum  Chillum	CITY (If outside corporate limits, write RURAL and give OR TOWN Chillum	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS 713 Chillum Road	
3. NAME OF (First) (Middle) DECEASED (Type or Print) JOHN TOD. LEN]	(Last) 4. DATE (Month) OF DEATH ADTIL 7,	(Day) (Year) 1951 19
5. SEX  6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH   9. AGE last birthday   If under 1	year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
13. FATHER'S NAME E. LENIDAN	14. MOTHER'S MAIDEN NAME AVELIFFE A. SCHA	blE
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of service)	ROBERT F LENIHAN -	
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) HYDROCEPH	ALUS, COMMUNICATING	SINCE BIRTI
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  AC	120515.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No X
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m.   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from TULY	, 1949, to Apr 7, 1951, that I last sa	w the deceased
alive on Z Grail, 195/, and that death occurred at		
lottlice attoward, M.D.	1517 30 5 5x M. Wash, D.C	
RECOVAL (Specify) 4/11/51 HOLANDTO	RY OR CREMATORY LOCATION (City, town, or county	(State)
REGODIL 9"1951 Yra Jas Devere Helity	24. FUNERAL DIRECTOR  Joseph Gavler's Sons. Ma.	ADDRESS
Creal		

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. AJS



# CERTIFICATE OF DEATH

4	F	OR MEDICAL	L EXAMINERS	Reg. Dist	. No. 2 42
eric reprosit	CITY (I outside corporate brills, write RURAL and OR give hearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	Jay Sto.	CITY (If outside observed of TOWN STREET ADDRESS Case	rate limits, write RURAYan  (II rust give loratio  Lun	15
	WIDE Colored WIDE (Sp. 10a. USUAL OCCUPATION (Give kind of work   10b. )	(Middle)  GLE, MARRIED, OWED, DIVORCED/ pecify)  Kind of Business or  SRY	S. DATE OF BIRTH  OV-22M9  II. BIRTHPLACE (State)  14. MOTHER'S MAIDEN	or foreign country)	(Day) (Year)  196  ader I year   Il under 24 hr ths   Days   Hours   Min  12. Citazen of What
A HILL WAS ARREST	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. W dates of land of service) W. W dates of land of	?	17. INFORMANT James A. Cole Retification	man - C	INTERVAL BETWEEN
Jointains, promo	Immediate cause (a)	Suffora Conflagra	ton in hi	me -	
2	-II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDIN				20. AUTOPSY?
projection of	PRIMARY FOR CONTRIBUTING OF office INJURY TIME (Month) (Day) (Year) (Hour) INJURY OF INJURY Y-22-51340 m. work	at work	Egy DID INJURY OF	in mi home	o- Md.
The state of the s	22. I certify that I took charge of the remains des obtained by said Autopsy, Inspection or Inquifrom: natural causes , accident suice SIGNATURE	cribed above, held an A iry, find that said dece ide [], homicide [], (Degree or title)	Autopsy , Inspection Sused died on the day state undetermined	I Inquiry of thereon a be above, and death in	nd from the evidence my opinion resulted  DATE SIGNED
0	23. BURIAL, CREMATION / DATE THEREOF REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNAL REC'.	W. Enest	RY OR CREMATORY  24. FUNERAL DIRECT	TOCATION (City, town, one	ADDRESS

Supply every item of information carefully. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY

correct age

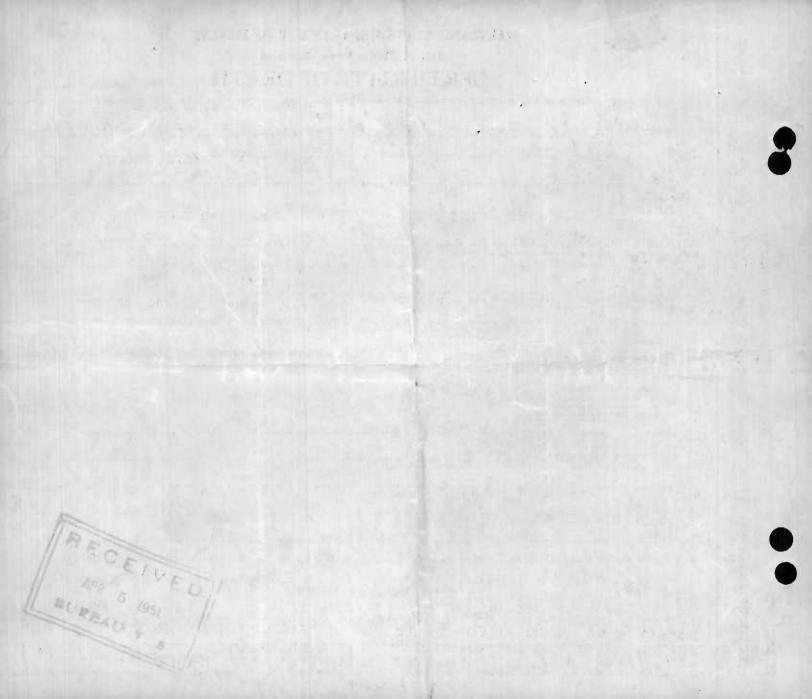
BUREAU V. S.

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

Specify   Matthew   12   Specify   12   Citteen of Weat   16   Specify   18   State of foreign country   12   Citteen of Weat   18   State of foreign country   18   State of foreign country   19   State of foreign countr	COUNTY AND CREATED STATE COUNTY ON give nearest town of the RURAL and LENGTH OF STAY OR give nearest town of the RURAL and LENGTH OF STAY OF GIVE of the RURAL and give nearest town of the RURAL Between Owners and Dark RURAL Between of the RURAL Between of the RURAL And give nearest town of the R			
CITY (If outside corporate limits, write RURAL and LOFTH OF STAY TOWN it's nearest town)  TOWN it's nearest town of the complete of the comple	CITY (If ounside corporate limits, write RURAL and LONG TOWN it's earnest town) TOWN it's earnest town TOWN TOWN it's earnest town TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	1. PLACE OF DEATH.		nv.
CITY (If outside corporate limits, write RURAL and give neafrest town)  TOWN CALLOG CITY HOSPITAL OR H	CTY Of outside coprorted limits, while RURAL and Company of STAY (In country) to water town)  HOSPITAL OR INSTITUTION OR CITICAL GEO. CAN. HOSPITAL  1. NAME STREET (IN country) (IT countr	PRINCE GEORGES MARYLAND	IVIARIJIand - PRINCE GO	PORGES
HOSPITAL OR INSTITUTION OR STREET ADDRESS   1002 Parkwood Street    3. NAME OF CIPIED (Middle)   Clast)   ADATE (Month)   Clay)   (Year)    3. NAME OF CIPIED (Middle)   Clast)   ADATE (Month)   Clay)   (Year)    3. NAME OF CIPIED (Middle)   Clast)   ADATE (Month)   Clay)   (Year)    3. NAME OF CIPIED (Middle)   Clast)   ADATE (Month)   Clay)   (Year)    4. DATE (Month)   Clay	HOSPITAL OR INSTITUTION OR INDICATE INDICATE INDICATE INDICATE INDICATE INDICATE INSTITUTION OR INDICATE INDICATE INSTITUTION OR INDICATE INSTITUTION	CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
STREET ADDRESS CIPCL Geo. Gen. Hospital ADDRESS 1002 Fartwood Street  3. NAME OF DECASED (Middle) (Mid	STREET ADDRESS 102 Farkwood Street    ADDRESS   102 Farkwood Street   ADDRESS   102 Farkwood Street   ADDRESS   102 Farkwood Street   ADDRESS   102 Farkwood Street   ADDRESS   102 Farkwood Street   ADDRESS   103 Farkwood Street   127		TOWN Cottage City	
3. NAME OF DECASED (First) (Middin) (Last) (County) (Year) DECASED (Type or Print) (Type or Print) (Middin) (Day) (Year) DECASED (Type or Print) (Type or Print) (STATE) (COUNTY) (STATE) (County) (Part of the county) (County) (State) (County) (County) (State) (County) (Coun	3. NAME OF DECASID (First) (Middle) (Last) DECASID (Type of Print) (Print) (Middle) (Last) DECASID (Type of Print) (Month) DECASID (Month) DEC	HOSPITAL OR INSTITUTION OR	[ STREET (If rural, give location)	
Country of What    Country   Country	Constraint of the conditions and stay to be seen but not related to the disease of conditions contributing to the desease of conditions contributing to the	. 3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
6. COLOR ON RACE    Find   Color of Race   Col	6. SEX  6. COLOR ON RACE    Color of RACE   Wildle, Married   Wildle, William   Willia		I OF	113 1051
109. USUAL OCCUPATION (circle kind of work Housewing regist of working life, even if retired)  109. Kind of Business or II. BIRTHPLACE (State of foreign country)  11. PATHER'S NAME  William H. Dice  11. Worthers Marden Name  William H. Dice  11. Worthers Marden Name  William H. Dice  11. Worthers Name  William H. Dice  11. Worthers Name  Jessie Yager  12. Author And	10. USUAL OCCUPATION (circle kind of work floor business or landstand) 10. Kind of Business or landstand page of providing life, even if retired landstand page of the landstand pag	6. SEX 6. COLOR OW RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday II unde	r 1 year   If under 24 hrs
HOUSEWIJS NAME  13. FATHER'S NAME  William H. Dice  15. WAS DECRASED EVER IN U.S. ARMED FORCES? I6. SOCIAL SECURITY NO. I7. INFORMANT LANDS ADDRESS BAND AS above  16. WORD AND THE SERVICE NAME  JESSIE VAGET  17. INFORMANT LANDS ADDRESS BAND AS above  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN CONST AND DECRASED CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Antecedent cause(s) Disease or conditions, if any given rise to the shove cause last (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONTROLLED OF office bidg., etc.)  192. DATE OF OPERATION 189. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, HOMICIDE INJURY)  TIME (Month) (Day) (Year) (Hour) While at While at Work At work 1970 ADDRESS  22. I hereby certify that I attended the deceased from 1951., to 4 1951., that I last saw the deceased alive on 4 1951., that I last saw the deceased alive on 4 1951., to 4 1951., that I last saw the deceased alive on 4 1951. That I last saw the deceased alive on 4 1951. That I last saw the deceased ADDRESS  23. BUENIAL CREMATION DATE THEREOF ADDRESS  24. FUNERAL DIRECTOR ADDRESS  DATE RECTOR BY LOCAL REGISTRARY SIGNAYURE  24. FUNERAL DIRECTOR  ADDRESS	HOUSEWAY AME  13. PATHER'S NAME  William H. Dice  14. MOTHER'S MAPE NAME  William H. Dice  15. Was Decrased Even in U.S. Abande Forcest  16. Social Security No. (Phono, or unknown) (Ulyon, or unknown) (Ulyo	Temale (Specify) Markled (Specify) Markled		
14. MOTHER'S MADE NAME WILLIAM H. DICCE  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (NOTICE OF OPERATION)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (NOTICE OF OPERATION)  16. SOCIAL SECURITY NO. (NOTICE OF OPERATION)  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  18. MEDICAL CERTIFICATION  19. Antecedent cause (a)  Antecedent cause (b) Diseases or conditions, if any, giving rise to the shove cause statisg the underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition susing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) FINDING  TIME (Month) (Day) (Year) (Hour) INJURY (CURRED William) William H. Dicce  22. I hereby certify that I attended the deceased from Andrews (Degree or title)  23. AUTOPESS  24. FURRAL CREMATION ATTENDED ATTEN	14. MOTHER'S MADE NAME WILLIAM H. DICCE  15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT LAND, ADDRESS BAND AS above  16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT LAND, ADDRESS BAND AS above  18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  Antecedent cause(s) Diseases or conditions, if any, giving rise to the shore cause last (b) Diseases or conditions, if any, giving rise to the shore cause last (c)  11. OTHER SIGNIFICANT CUNDITIONS Conditions contributing to the death but not related to the disease of condition audity death.  19a. DATE OF OFERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) DF office bidg., etc.) INJURY OCCURRED OF OFFICE (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not While of Not While of Not While at Work A work  22. I hereby certify that I attended the deceased from 195, to 1, 195, that I last saw the deceased alive on 195, that I last saw the deceased alive on 195, that I last saw the deceased SIGNATURE  23. BURIAL CREMATION DATE THEREORY DATE SIGNED  DATE RECTO BY LOCAL REGISTRARY SIGNATURE  14. MOTHER'S MADDRESS  17. INFORMATOR AND DATE SIGNED WALL CREMATORY LOCAL REGISTRARY SIGNATURE  24. FUNERAL DIRECTOR HYPOTHES AND ADDRESS  17. INFORMATOR AND DATE SIGNED WALL CREMATORY LOCAL REGISTRARY SIGNATURE  24. FUNERAL DIRECTOR HYPOTHES AND ADDRESS	done during most of working life, even if retired Industry	1111 / -	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (16 SOCIAL SECURITY NO. WALTER A. LYOTH SADDRESS DAND AS above (17 Sec.) or unknown) (17 year) (17 year) (17 year) (17 year) (17 year) (18 yea	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 NOTE SCULL SECURITY NO. WALTER A. LYOTS ADDRESS band As above (Type of unknown) intervice of war or dates of NOTE SCULL SECURITY NO. WALTER A. LYOTS ADDRESS band As above was the deceased from a condition of the date stated above.  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Antecedent cause(s) Diseases or conditions, if any, (b) Diseases or conditions, if any, (c) Disease or conditions contributing to the desth but not related to the disease or conditions contributing to the desth but not related to the disease or conditions entributing to the desth but not related to the disease or conditions entributing to the desth but not related to the disease or conditions entributing to the desth but not related to the disease or conditions entributing to the desth but not related to the disease or conditions entributing to the desth but not related to the disease or conditions entributing to the desth but not related to the disease or conditions entributing to the desth but not related to the disease or conditions entributing to the desth but not related to the disease or conditions entributing to the desth but not related to the disease or conditions entributing to the desth but not related to the disease of conditions entributing to the desth but not related to the disease of conditions entributing to the desth but not related to the disease of conditions entributing to the desth but not related to the disease of conditions entributing to the desth but not related to the disease of conditions entributing to the desth but not related to the disease of conditions entributing to the desth but not related to the desth of the d	13. FATHER'S NAME	14. MOTHER'S MAPDEN NAME	
Intervice   Note   No	Interest	William H. Dice	Jessie Yager	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  Antecedent cause(s)  Diseases or conditions, if any, (b) Diseases or conditions, if any, (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)  PLACE (Home, farm, factory, street, SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While TIME (Month) (Day) (Year) (Hour) INJURY  22. I hereby certify that I attended the deceased from 195, and that death occurred at 195, to 195, to 195, that I last saw the deceased alive on 195, and that death occurred at 195, from the causes and on the date stated above. DATE SIGNED DATE RECOUNTY (State)  DATE RECOUNT (Specify) (State) DATE SIGNED NAME OF CEMETERY OR CREMATORY (LOCATION (CHY, towns of county)) (State)  DATE RECOUNTY (Specify) (Aprila 195)	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Diseases or conditions, if any, (b) Diseases or conditions, if any, (c) Diseases or conditions, if any, (d) Diseases or conditions, if any, (e) Diseases or conditions, if any, (e) Diseases or conditions cause last stating the underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the destable but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY!  Yes No Diseases or condition causing death.  19a. DATE (Specify) PLACE (Home, farm, factory, street, or conditions caused death or contributing to the death of the	(Ymano, or unknown)   (If yes, give war or dates of   NOIIC	Walter A. Lyons ADD HESSband As a	bove
Immediate cause  (a)	Immediate cause  (a)  Antecedent cause(s)  Disease or conditions, if any, giving rise to the show cause (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (OF INJURY)  OF office bidg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (OF INJURY)  22. I hereby certify that I attended the deceased from 3. 7. 195, to 4. 2		RTIFICATION	1
Immediate cause  (a) Conditions (a) Conditions (b) Disease or conditions, if any, giving rise to the above cause (c) It. OTHER SIGNIFICANT CONDITIONS (c) It. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the deeth but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY!  Yes No Conditions contributing to the deeth but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY!  Yes No Conditions (Specify) PLACE (Home, farm, factory, street, CITY OR TOWN) (COUNTY) (STATE)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork Not While At work 100 More of the cause and on the date stated above. Signature (Degree or title) ADDRESS DATE SIGNATURY (State)  22. I hereby certify that I attended the deceased from 3.7. 1951., to 4.2, 1951, that I last saw the deceased alive on 4.2	Immediate cause  (a) Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause (b) Estating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? Yee No Office bldg., etc.) INJURY  DIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  21. I hereby certify that I attended the deceased from 3 7 195 1, to 4 2 mm, from the causes and on the date stated above.  22. I hereby certify that I attended the deceased from 3 7 195 1, to 4 2 mm, from the causes and on the date stated above.  (Degree or title)  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY. LOCATION (Sity, to Wag county)  DATE RECT BY LOCAL REGISTRARY SIGNATURE  24. FUNERAL DIRECTOR  PRESS  DATE SIGNATURE  24. FUNERAL DIRECTOR  PRESCO BY LOCAL REGISTRARY SIGNATURE  25. CONTRIBUTED ADDRESS	I DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH		
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Antecedent cause (s) Diseases or conditions, if any, giving rise to the show cause astating the underlying cause last  [Conditions contributing to the death but not related to the disease or condition causing death.  [Pa. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?  Yes   No    20. AUTOPSY?  Yes   No    21. ACCIDENT   (Specify)   PLACE (Home, farm, factory, street, guilden of the disease or condition causing death.  [Pa. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?  Yes   No    21. ACCIDENT   (Specify)   PLACE (Home, farm, factory, street, guilden of the disease or condition causing death.  [Pa. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?  Yes   No    OF office bidg., etc.)   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  OF INJURY   At work   ADDRESS    22. I hereby certify that I attended the deceased from 3 7, 1951, to 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased from 3. 7, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased alive on 4. 2, 1951, that I last saw the deceased from 5. 2,	Antecedent cause (s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? Yes   No    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, given the first of the shows of th	Immediate cause (a) Carebra A	Leworthage	3-27-31
Diseases or conditions, if any, glying rise to the above cause stating the underlying cause last  [Conditions contributing to the death but not related to the disease or condition causing death.  [Indicated to the disease or conditions contributing to the death but not related to the disease or conditions contributing to the death but not related to the disease or conditions greated to the disease or conditions greated to the disease or condition causing death.  [Indicated to the disease or conditions, and the death but not related to the disease or conditions greated to the disease greated to the disease or conditions greated to the disease or conditions greated to the disease greated to the disease or conditions greated to the disease greated to the dincipation of the disease greated to the disease greated to the di	Diseases or conditions, if any,    Diseases or conditions to the above cause   Stating the underlying cause last		: //	
Stating the underlying cause last   (c)   (d)   (d)   (d)   (e)	Stating rise to the shove cause stating the underlying cause last   Carlos and deputy		Mellins	
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11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) OF office bldg., etc.) SUICIDE HOMICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work  22. I hereby certify that I attended the deceased from At work 1951, to 400 may from the causes and on the date stated above. SIGNATURY (Degree or title) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  23. BURIAL CREMATION DATE THEREOF ATTINGTOR (State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While Not While at Not While a	6 stating the underlying cause last	as Cardianeanal dine	1
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   Yes   No   Yes   Yes   No   Yes   No   Yes	Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  Yes No OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, Iarm, Iactory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE)  SUICIDE (INJURY) (STATE) (STATE) (STATE)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While INJURY) (Hour) While At work 100 (Hour) While INJURY)  22. I hereby certify that I attended the deceased from 100 (Degree or title) (State)  DATE RECOUNTY (STATE) (ST	IL OTHER SIGNIFICANT CONDITIONS	of charles heary gizer	24
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY!   Yes   No	21. ACCIDENT SUICIDE SUICIDE HOMICIDE SUICIDE HOW SUICIDE SUICIDE HOW DID INJURY OCCUR?  22. I hereby certify that I attended the deceased from 3 7 1951, to 4 2 1951, that I last saw the deceased alive on 4 1951, 19 1951, and that death occurred at 4 1951, from the causes and on the date stated above. SIGNATURIS SIGNATURIS SIGNATURE SIGNATORY APPLICATION (State) A 1951, to 4 2 1951,	Conditions contributing to the death but not		
21. ACCIDENT SUICIDE OF office bldg., etc.)  PLACE (Home, farm, factory, street, SUICIDE HOMICIDE OF office bldg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work   22. I hereby certify that I attended the deceased from 3. 7. 1951., to 4. 2. 1951., that I last saw the deceased alive on 4. 2. 1951., and that death occurred at 4. 2. 4. m., from the causes and on the date stated above. SIGNATURIS (Degree or title) ADDRESS  23. BURIAL, CREMATION DATE THEREOF OF CEMETERY OR CREMATORY ADDRESS (State)  BURIAL, CREMATION DATE THEREOF ATTINGTON NATIONAL CEMETERY OR CREMATORY ATTINGTON OF COUNTY) (State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, SUICIDE HOMICIDE   OF office bidg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		1 20. ATTOPSY?
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SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  22. I hereby certify that I attended the deceased from 3. 7, 1951., to 4. 2, 1951., that I last saw the deceased alive on 4. 2	SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While m. Work At work  22. I hereby certify that I attended the deceased from 37, 1951, to 42, 1951, that I last saw the deceased alive on 44	21 ACCIDENT (Specify)   PLACE (Home form fectory etreet	: (CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  While at Not While   Not W	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  While at Not While   Not W	SUICIDE OF office bldg., etc.)	(00011	(SIAIL)
22. I hereby certify that I attended the deceased from 3. 7, 1951., to 4. 2, 1951., that I last saw the deceased alive on 4. 2, 19, and that death occurred at 4. 50 A. m., from the causes and on the date stated above.  SIGNATURE:  DATE SIGNATURE  23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY ACCURATION (Specify) 14 April 1951 Arington National Cemetery Allington, town or county) (State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR	22. I hereby certify that I attended the deceased from 3		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3.7., 1951., to 4.2, 1951., that I last saw the deceased alive on 4.2, 1951., to 4.2, 1951, that I last saw the deceased alive on 4.2	22. I hereby certify that I attended the deceased from 3.7, 1951., to 4.2, 1951., that I last saw the deceased alive on 4.2, 5.1, 19, and that death occurred at 4.50 m., from the causes and on the date stated above.  SIGNATURIS  DATE SIGNED  23. BURIAL, CREMATION DATE THEREOF 1951 NAME OF CEMETERY OR CREMATORY LOCATION (City, to the or county)  BURIAL (Specify)  DATE THEREOF 1951 Arington National Cemetery Location (City, to the or county)  DATE SIGNATURE  24. FURNISHED BY LOCAL REGISTRAR'S SIGNATURE  DATE SIGNATURE  24. FURNISHED BY LOCAL REGISTRAR'S SIGNATURE  DATE SIGNATURE  24. FURNISHED BY LOCAL REGISTRAR'S SIGNATURE  DATE SIGNATURE  DATE SIGNATURE  24. FURNISHED SONE HYPOTATS II B. Md. ADDRESS	OF While at Not While	Now Did intolly occols	
alive on 4 2 51, 19 and that death occurred at 4 5 A.m., from the causes and on the date stated above.  SIGNATURE (Degree or title) ADDRESS  DATE SIGNED  23. BURIAL, CREMATION DATE THEREOF 1951 NAME OF CEMETERY OR CREMATORY APPLICATION (State)  BURIAL (Specify) 14 Aprial 1951 Arington National Cemetery APILINGSH, town or county) (State)  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS	alive on 4 2 51, 19 and that death occurred at 4 5 Am, from the causes and on the date stated above.  SIGNATURIS  (Degree or title)  ADDRESS  DATE SIGNED  23. BURIAL. CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, towns or county)   (State)  BURIATIONAL (Specify)   4 Aprial 1951   Arington National Cemetery Arington National Cemetery   Location (City, towns or county)   (State)  DATE SIGNATURE   24 FUNCTION (City, towns or county)   (State)	INJURY m. I WORK   At WORK	1	
SIGNATURIS  (Degree or title)  ADDRESS  DATE SIGNED  23. BURIAL, CREMATION  DATE THEREOR STREET OF CREMATORY LOCATION (Str., town, or county)  BURIAL (Specify)  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	23. BURIAL CREMATION DATE THEREOF APPLICATION (City, town or county)  DATE SIGNED  23. BURIAL CREMATION DATE THEREOF ARINGTON NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county)  DATE SIGNED  24. FUNERAL DIRECTOR  REGY FOR BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  REGY FOR BY LOCAL REGISTRAR'S SIGNATURE  25. CONTROL OF COUNTY AND CITY OF COUNTY OF COUN	22. I hereby certify that I attended the deceased from 3 7	, 1951., to 4/2, 1951., that I last	saw the deceased
SIGNATURIS  (Degree or title)  ADDRESS  DATE SIGNED  23. BURIAL, CREMATION  DATE THEREOR STREET OF CREMATORY LOCATION (Str., town, or county)  BURIAL (Specify)  DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	23. BURIAL CREMATION DATE THEREOF APPLICATION (City, town or county)  DATE SIGNED  23. BURIAL CREMATION DATE THEREOF ARINGTON NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county)  DATE SIGNED  24. FUNERAL DIRECTOR  REGY FOR BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  REGY FOR BY LOCAL REGISTRAR'S SIGNATURE  25. CONTROL OF COUNTY AND CITY OF COUNTY OF COUN	alive on 4/2/5/10 and that death occurred at	4 50 m from the sauges and on the date of	totad above
23. BURIAL, CREMATION DATE THEREOF BURIAL (Speelly) If Aprial 1951 Arington National Cemetery Arington (State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, to the grounty)  BURIAL (Specify) 4 April 1951 Arington National Cemetery Affiling City, to the grounty)  DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, to the grounty)  (State)  24. FURTHEREOF BY LOCAL REGISTRAR'S SIGNATURE  24. FURTHEREOF HYPETSY 118. Md. ADDRESS	SIGNATURIA (Degree or title)	ADDRESS	DATE SIGNED
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  REG.// DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  Hypothysille, Md. ADDRESS	Doggo & Hageage W.D. 37	17-3812 Les Carreled A	ed 4/2/01
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  REG.// DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  Hypothysille, Md. ADDRESS	23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE BURIAL (Specify) 4 Aprial 1951 Arington Nat	RY OR CREMATORY LOCATION (Sty, to Was or countries of the	nty) (State)
	REGULA Carehia Sone Hyattsville, Md.		24 FUNERAL DIRECTOR	ADDRESS
F. Gasch's Sons Hyattsville, Fu.	To so I manace yoursey	REG		d.
To so mande young		- 1/3/3/ Imanac Journey	of the the own	



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No..

I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY MARYLAND CITY (If outside corporate limits write RURAL and OR give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) Vorkena TOWN HOSPITAL OR INSTITUTION OR STREET (If rural give location) ADDRESS pure STREET ADDRESS 3. NAME OF (Middle) (Last) (Month) (Day) (Year) DECEASED (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 10b. KIND OF BUSINESS OR 5. SEX 6. COLOR OR RACE 6. DATE OF BIRTH 9. AGE last birthdas If under I year ilf under 24 hr Months | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT donesduring most of working life, even if retired) COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME II. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, rive war or dates of service) 480-03-0053 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🗆 21. EXTERNAL CAUSE WAS (CITY OR TOWN) PLACE (Home, farm, factory, street, (COUNTY) (STATE) PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. INJURY L much TIME (Month) (Day) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not while work at work 22. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident & suicide , homicide , undetermined ... SIGNATURE DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DEMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

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every item



MARGIN RESERVED FOR BINDING

VS. A15A

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

04020

eg. Dist. No. 232

	Reg. Dist. N	0
I. PLACE OF DEATH.	1 2. USUAL RESIDENCE (HOME) OF DECEASED.	
- Cruce L'Opil OLMARYLAND	STATE Maryland Count	ne Forges
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give rearest town) (In this place)	CITY (If outside corporate limits, write RURAL and g	ve puarest town)
TOWN Washington es DO	TOWN Washington 20 De	(Reiral)
HOSPITAL OR S/6704 Tucker Youds &	STREET (If rural, give location)	(100.1)
STREET ADDRESS Oxon Till mo.	670 Tucker Woods El	You Helf May
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Ben amin hermon MANONEY	DEATH CLARA	25 1951
5. SEX  6. ODLOR OR RACE  7. SINGLÉ, MARRIED, WIDOWED, DIVORCED, (Specify)	The renework. : 100 4s allyon.	T year If under 24 hr Days Hours Min.
10a. USUAL OCCUPATION (Gire kind of work   10b. KIND OF BUSINESS ORA		12. CITIZEN OF WHAT
done during most of working illegerer if refired INDUSTRY HOSPICE	WIN VIRUINIA 17	COUNTRY?
13 JATHER'S NAME	14. MOTHER'S MAIDEN NAME	
yukunon	undengron 1-11-1	71/58
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, nox or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS 0/0 / / COLO	e1 44 c 20
Zasilluciera   service)	Heley E.S. Jones Walloney	urle
18. MEDICAL CE	RTIFICATION	I I Daniel Daniel
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) acute Car	mary Occlusion	1 laour
420 Antecedent cause(s)	- N	
Diseases or conditions, if any, (b)	teriosclerair	unkyon
94 a giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	se weight o	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
noul -		Yes   No
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
PRIMARY CONTRIBUTING OF office bldg., etc.)		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. WORR at work	- noul-	
22. I certify that I took charge of the remains described above, held an A	Autonous I Invacation ( Inquire thousan and	from the suidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	eased died on the dry stated above, and death in my	opinion resulted
from: natural causes Laccident , suicide , homicide ,	· undetermined .	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
The POTE JUILLA WO BET NOW	warm. Washing to 10 to Pox	86/051
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   I CATION (City, town or cour	nty) (State)
Burial (Specify) 1/30/51 Lincoln Me		Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

Ritchie

Unwen Manlh

BUREAU V. S.

# CEDTIFICATE OF DEATH

	CERTIFIC	AILOF	DEATH	Reg. Dist.	No.	
1. PLACE OF DEATH Truce Gery	MARYLAND	STATE	Perme (HOME)	alloghe		
CITY (If outside corporate limits, write MUH OR give nearest town)	RAL and LENGTH OF Turo 2 has	Ce) OR TOWN	outside concrete limit			n)
HOSPITAL OR INSTITUTION OR STREET ADDRESS James Jan	ilarium	STREET		rural, give location)		V
3. NAME OF DECEASED MARGARET	ALICE	MCCAUSL	AND 4. DO	EATH Sprif	(Day) 2	(Year)
Jewsle   6. COLORIOR RACE	7. SINGLE, MARRIET WIDOWED, DIVORG (Specify)	6-/1-/	1862 8	yrs.	hs. Days Hou	Min.
done during most of working life, even if retired)	10b. KIND OF BUSINES	Pe	LACE (State or foreign		12. CITIZEN OF COUNTRY?	J.J.A
13. FATHER'S NAME I. C	rouch	14. MOTHE	A F. Brook	hatree	a.d	a
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If year, give war or dates service) —	16. SOCIAL SECURITY	No. 17. INFORM		s, 900 Colley	e live	Py,
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH Chronic 7	Myrcardi	*		INTERVAL E ONSET AND	
Immediate cause (a)  Antecedent cause(s)  Diseases or conditions, if any, (b)	Chronic &	idocardo	tis		"	4
giving rise to the above cause stating the underlying cause last	Keneral ar	Toriscele	nis	POPPY 888 3 BPPY 88 3 FPM88 3 3 8 9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	.,	•,
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de-	ath.		7 11 1 1 1 1 1 1 -		Ma da da ja 20000 editabat	
19a. DATE OF OPERATION   19b. MAJOR	FINDINGS OF OPERAT	TION			20. AUTO	PSY?
SUICIDE OF	ACE (Home, farm, factory, office bldg., etc.)	street,	(CITY OR TOWN)	(COUNT	Yes [	No (Z
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED   While at   Not While   Work   At work		INJURY OCCUR?			
22. I hereby certify that I attended t	he deceased from	-15, 19.49,	to 4-2,1	9.57, that I last	t saw the dec	eased
signature Ames Faus	(Degree or title)	d at 8:NP.	m., from the causes	and on the date	stated above DATE SI 4-2-19	
23. BURIAL CREMATION DATE BEMOVAL (Specify)	1 Hames	METERY OR CRE	TUT	ON (City, town, or co	ounty) (S	state)
BATE REC'D BY LOCAL REGISTRAR	SEGNATURE		AL DIRECTOR	1-0	ADDRES	S

MARGIN RESERVED FOR BINDING WITH UNFADING INK.

VS. A15



\*\*\*

1. PLACE OF DEAT

Of outside city or town timits, write RURAB How long In above place of death?. Hospilai, institution, or street address, where death occurred: How long in hospital or institution? 3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced 7. Rirth date of deceased (mo., day, yr.) 8. AGE: Years Months (Town, county, and state) 10. Usual occupation. 11. Industry or business 13. Birthplace 15. Birthplace 16. Informant Date thereof .. (Burial, cremation, or removal, Which 1B. Funeral director Registrar (Date rec'd by registrar)



2411 N. Charles Street, Baltimore

		II 2. USUAL RESIDENCE (HO	AMEL OF DEFENCE	ED. //
1. PLACE OF DEATH- COUNTY PRINCE GEORGE	C MADWI AND	STATE Many		COUNTY
CITY (If outside corporate limits, write RUR	MARYLAND AL and   LENGTH OF STAY	CITY (If outside corporate	limite write RUR	I and give negreet town)
OR give nearest town)	. (in this place)	UK 1////	Anna, Williams	IT Of E
HOSPITAL OR	NCTION / MONTH	TOWN 46/2	(If rural, give le	4. 11.00
INSTITUTION OR STREET ADDRESS 4612	- ST. NE.	ADDRESS Ker	leve	relation)
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (M	onth) (Day) (Year
(Type or Print) HAGELINA	T. MO	NACO	DEATH AP	R/L / 195
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DLVORCED,	8. DATE OF BIRTH 9.	AGE last birthday	If under 1 year   If under 24 h
FEMALE WHITE	(Specify) WIDOW	MAR-17-1878	73 yrs.	Months. Days Hours MI
10. TIGHTAL OCCUPATION (Give bind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country	12. CITIZEN OF WHA
done during most of working life, even if retired)	RETIRED	2 1 6/14	deal	1 Country?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME O	
FRUMENCE DON	OFRIO	MADELINE	TART	AGLIA
15. WAS DECEASED EVER IN U.S. ARMED FORCE		17. INFORMANT		
(Yes, no, or unknown) (If year, give war or dates	NONE	MARY .V.	SOPER	(DAUGHTER)
Immediate cause  (a)  (D) / Antecedent cause(s)	Coronay an	leng hear d	· · · · · · · · · · · · · · · · · · ·	Seed
4.4	Congestive arteriorcles	beat failu	· ·	Several ye
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Corrective arteriorcles	beat faile		Several ye
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS		beat faile		Several ye
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea		beat faile		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea 19a. DATE OF OPERATION 19b. MAJOR  21. ACCIDENT (Specify) PLA SUICIDE OF	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bldg., etc.)	beat failure	WN) ((	Several ye
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea 19a. DATE OF OPERATION   19b. MAJOR  21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bldg., etc.) URY  1 INJURY OCCURRED	beat failed  (CITY OR TO)  HOW DID INJURY OCCU		Yes No
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea 19a. DATE OF OPERATION   19b. MAJOR  21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ  TIME (Month) (Day) (Year) (Hour) OF INJURY m.	FINDINGS OF OPERATION  CE (Home, farm, factory, street, office bldg., etc.)  URY  INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCU	R7	Yes No COUNTY) (STATE)  I last saw the deceased date stated above.
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea 19a. DATE OF OPERATION 19b. MAJOR  21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE OF INJURY m.  22. I hereby certify that I attended the	GE (Home, farm, factory, street, office bldg., etc.) URY  INJURY OCCURRED While at Not While Work At work  et deceased from	HOW DID INJURY OCCU 1947, to April  m., from the coaddress  Monroe St		Yes No COUNTY) (STATE)  I last saw the deceased date stated above.  DATE SIGNED  April 2./

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age MARGIN RESERVED FOR BINDING







NOT PRIMA FACIE EVIDENCE.

CERTIFICATE FORWARDED TO US BY THE GOVERNMENT OF THE DISTRICT OF COLUMBIA HEALTH DEPARTMENT ON4/7/53, mmb

VS. A15.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 23 2

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	v P G
MARYLAND	1/10	0-0.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give pearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give marest toffn) TOWN (in this place)	TOWN Rural - Julenanne	
HOSPITALOR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS Upper Marlboro, m	11
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) / Kelly (Healthe	Www. DEATH Cypres	/6 190
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months 26 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industry	11. BIRTHPLACE (State or foreign country)	COUNTRYS
18, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	40
James Maurice Windson	Helen Plant window	- Butter
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES ON CONDITIONS DIRECTED DEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Arthur Nice	onfenally	1 mas
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	CV Slyease	Unknown
73 & stating the underlying cause last		
(c)	/	1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u> </u>	Zevkrain
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes \ No \
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		101 233
INJURY m.   Work   At work	1	
22. I hereby certify that I attended the deceased from Mar.	19 27 to Apr 195/ that I last a	ow the deceased
22. I hereby certify that I stiended the deceased from	, 10 Mat 1 last 8	aw the deceased
alive on	ADDRESS and on the date st	ated above. DATE SIGNED
RV3 Passer MD	Tippes Mastloro	16 OB1 51
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or coun	ty) (State)
Burial (Specify) 4/19/51 Mt. Carme		MA
PATE REP'D BY LOCAL   REGISTRAR'S SIGNATURE	1 24. FUNERAL DIRECTOR	ADDRESS
100 181951 P. P. M. Y.		
MINN 1011 N YSWA TO MARKET	Ritchie BrosUpper Maril	MA.

BUREAU V. S.

correct

of information carefully. death clearly and legibly.

Supply every item write the causes of o

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NFADING 1 Physicians:

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A STATE

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6

23. BURIAL, CREMATION

REMOVAL (Specify)

DATE REC'D BY LOCAL

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED I. PLACE OF DEATH. COUNTY STATE COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY TOWN HOSPITAL OR
INSTITUTION OR
STREET ADDRESS STREET (If rural, give location) ADDRESS (Middle) (Last) 4. DATE (Day) (Year) Month) DECEASED OF (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 5. SEX 9. AGE last birth ay | If under I year | If under 24 hr | Months | Days | Hours | Min. 6/ COLUR OR RACE S. DATE OF BIRTH 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT dene during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ducus. 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [ No 🗷 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 📡 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural couses X, accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED

CEMETERY OR CREMATORY

Y LOCATION (City, town, or county)

(State)

RECEIVED

APR 12 1951

BUREAU V. S.

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

04026

ADDRESS 57: H

OEKT IFION 1	Reg. Dist. No.	0
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY RINCE GEORGES MARYLAND	STATE Manufand PRINCE	
CITY (If outside corporate limits, write RORAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give nearest town) Cheupelu (in this place)	TOWN EAST Niverdal	
HOSPITAL OR	STREET (ILrural, give location)	
STREET ADDRESS PEINCE George Gen. Hosp.	ADDRESS 4517 - Powhatan	Rd.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	Nocton DEATH HOR	11 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE last birthday   If under	1 year   If under 24 hrs.
male, WIDOWED, DIVORCED, (Specify) market	Apr. 277 74 yrs. Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BERTHPLACE (State or foreign country) 11	2. CITIZEN OF WHAT
done during most of working life, even of retired) INDUSTRY Electrician Refer of Patorine Electrician Convert CV.	unknown	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MALDEN NAME	
unknowns	unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT, AND ADDRESS	1
(Yes, no, or unknown) (If yes, give war or dates of service)	Unnette V. norton - Wif	e
18. MEDICAL CE		
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Town Hotel Company to Company the American Orbital	and organ	13 most
Immediate cause (a)		
/53 X Antecedent cause(s)	11 in a who	1111
Diseases or conditions, if any, (b) (b)	Mully un (87/1/h.	
46 & stating the underlying cause last		/
(c)		1
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		, (,
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m.   Work  At work		
22. I hereby certify that I attended the deceased from J 3.1	, 19.5 /, to	beengab the deceased
14:		
alive on	4.4.82 m., from the causes and on the date st	
SIGNATURE (Degree or titie)	ADDRESS 11 + AL 11 44 5	DATE SIGNED
KABOUER M.D.	42,4 44/(om >1, )thallshill	WW- 4-1251
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or coun	ty) (State)
REMOVAL (Specify) 4/13/51 Prospect	HILL C'em WAShirostone.	(-
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. // // // // // // // // // // // // //	1 10/4 / 14/1/	1. Ed. 410

PRECEDITION

APR 16 1951

BUREAU V. S.

 MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

	neg. Dist. N	0.6.4.4
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	v
_ MMCCOLONGED MARYLAND		
CITY (If outside corporate limits, write RVRAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN FORT TORY 4days	TOWN Washington,	Je Je
HOSPITAL OR INSTITUTION OR	ADDRESS 1/2// 1 tiru al give le ation	55 .
STREET ADDRESS Colomac Vever	ADDRESS 4311- Wyal 81.	5.6.
3. NAME OF (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) WWW Young (Ve	TARLY DEATH 4-11	- 1951
6. COLOR OR RACE // SINGLE, MARRIED, WIDOWED, DIVORCED		1 year   If under 24 hrs   Days   Hours   Min.
WIDOWED, DIVORCED, (Specify)  10a. USHAL OCCUPATION (Give kind of work   10b. Kind of Business or	MARCHAN STREET	0
done during most of working life, even if retired) Inpustry	BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.501.
W/EV1.00-100.00	Malin Illedan H	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war of dates of 2 47-20-4786	Mrs Cartin Cakeley	1/1.
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
		ORDER AND DEATE
566 8 Immediate cause (a) cophypia		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		##
giving rise to the above cause stating the underlying cause last	1.1040	
(r) Urnlame erash	edanto Waternac Kever	1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21 PYTERNAY CANCE WAS BLACK III	CONTRACTOR TOWNS	Yes   No 8
21. EXTERNAL CAUSE WAS PRIMARY NOR CONTRIBUTING OF OFF blue, etc.) CAUSE OF DEATH.	(COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR? Cornellane A	ynay
OF While at Not while	diceased crashed villa Poto in	series in
INJURY 7 - /- 51 (3.00 fm.   work   at work	Total gold ment of ment for me	come
22. I certify that I took charge of the remains described above, held an A	lutopsy [], Inspection . Inquiry thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: noturol causes ☐, accident ☒ suicide ☐, homicide ☐,	used crea on the day stated above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
() of 700 /2 x00 4.10	- P 1 1 +- 11	1
23. BURIAL, CREMATION   DATE THEREOF // NAME OF COMETE	RY OR CREMATORY V LOCATION (City, town, or cour	4-4-11-51
REMOVAL (Specify)   DAYE THEREOF   NAME OF CEMETE		(State)
DATE PECID BY LOCAL   PERSCHIA DIS SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGI /11/51 Chande Sources	12 M - 1' S - Heathands.	

Mrs. allen Davis



The Well places

2411 N. Charles Street, Baltimore

04028

# CERTIFICATE OF DEATH

Reg. Dist. No. 243

I. PLACE OF DEATH	e.		2. USUAL RESIDENCE (	HOME) OF DECEAS	ED. COUNTY		
COUNTY Prin	ce Georges	MARYLAND	D.C.		COUNTY		
CITI (II outside c	orporate limits, write atom	AL and   LENGTH OF STAY	CITY (If outside corpo	rate limits, write RUR.	AL and give	nearest to	wn)
OR give nearest	enn Dale (Rura	1) 1 (in this place) 1 yr.5mo.20	Town Washi	ngton			
HOSPITAL OR		davs	STREET	(If rural, give i	ocation)		
INSTITUTION OF STREET ADDRE	ss Glenn Dale		ADDRESS 2509-				2
3. NAME OF DECEASED (Type or Print)	JAMES	(Middle)	AGAN	4. DATE (MOF DEATH	onth)	(Day) 22	(Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under I	year  If u	nder 24 hrs.
Male	Negro	WIDOWED, DIVORCED, (Specify) Married	3-13-13	38 yrs.	Months	Days Ho	urs   Min.
10a. USUAL OCCUP.	ATION (Give kind of work		11. BIRTHPLACE (State	or foreign country)	12.	CITIZEN	OP WHAT
Janitor	working life, even if retired)	INDUSTRY	Gastonia, N.	Carolina		OUNTRY?	
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDE				
Jack Pag	an		Sally Watson				
15. WAS DECRASED E	VER IN U.S. ARMED FORCES		17. INFORMANT AND				
(Yes, no, or unknown)	(If yes, give war or dates service)	of 578-12-8580	Decedent				
		18. MEDICAL CE	RTIFICATION				
I DISEASES OF CO	ONDITIONS DIRECTLY	LEADING TO DEATH			3.01		BETWEEN DEATH
I. DIDLINGS ON OC		90	-0-0:				
Immediat	e cause (a)	Phlinnary 7	while entres			Lyn 8	mos
Immediat	e cause	0		80		0	) ************************************
	nt cause(s)						
Diseases or o	conditions, if any, (b)	0 - e e ene ganhas e es e e e e e e e e e e e e e e e e	\$	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -			
	inderlying cause last						
M OTHER SIGNIE	(c) ICANT CONDITIONS						
Conditions contribu	uting to the death but not se or condition causing deat	th.					
		FINDINGS OF OPERATION				20. AUT	OPSY?
						Yes 🗆	No П
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (	COUNTY)	(STA	
TIME (Month)		I INJURY OCCURRED	HOW DID INJURY OC	CUR?			
OF		While at Not While					
INJURY	m.	Work At work 7	11				
29 I hereby cort	ify that I attended th	e deceased from	19 49, to 9/22	2, 19.51, that	T lost co	m the de	Longon
4	120		1110 3				
alive on	19.5/, ar	nd that death occurred at	m., from the	causes and on the	date sta	ted abov	e.
SIGNATURE	- n	(Degree or titie)		Dale Sanato	מוו ויינ	DATE S	GIGNED
(/) . D	12 013.	- The CD			- L. C.	1./22	/57
X Same	480 Line	care MIV.		Dale, Md.		4/23	121
23. RURIAL CREM	ely) DATE THERE	NAME OF CEMETE	BY OR CREMATORY	Washer		"De	(State)
DATE RECYD BY	LOCAL   REGISTRAR'S	SIGNATURE	24 FUNERAL DIRECTO	OR A	7	ADDRE	CC
REG. 41, 2/C		P (1) 11	1/1/	-1. V/	1/2		11014



2411 N. Charles Street, Baltimore

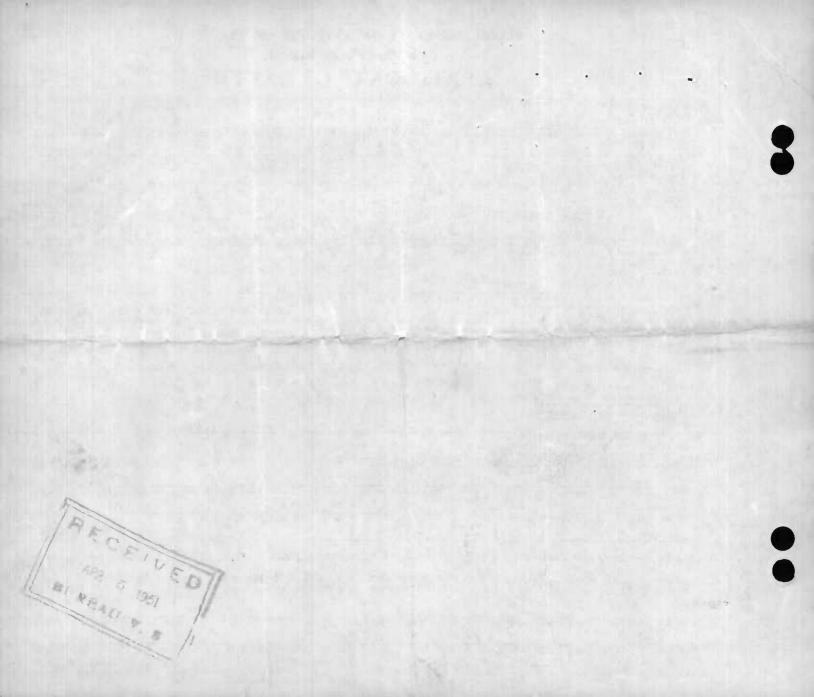
## CERTIFICATE OF DEATH

OEM THOM I	Reg. Dist. No.
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Prince Georges MARYLAND	STATE COUNTY Maryland Prince Georges CITY (If outside corporate limits, write RURAL and give perpet town)
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	
OR givo nearest town) (in this place) TOWN Landover Md 10 years	Town Landover Md
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 6417 Landover Road
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Elfrieda Hilda Peffer	OF DEATH April 1, 1951-T9
5 SEY A COLOR OF BACE A SINGLE MARRIED	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs
female white WIDOWED, DIVORCED, (Specify) married	1/21/84 67 vrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTYPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY HOUSEWIFE OWN NOME	New York COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- HIBERT M. Schrater	HNNA HYNDT
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of none	Geo & Francis Peffer Landover Md (sons)
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	ONGET AND DEATE
Immediate cause (a) Hyperterns tf	esit Visere
1/1/2 V Antecedent cause(s)	
Diseases or conditions, if any, (b)	**************************************
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	· /·
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY  m. While at Not While Work At work	
22. I hereby certify that I attended the deceased from 5-/0, 19.40, to 4-/, 19.51, that I last saw the deceased	
22. I hereby certify that I attended the deceased from 3	, 19.9.9, to, 19.3./., that I last saw the deceased
alive on 3: 26, 1957, and that death occurred at	m from the courses and on the date stated share
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
(0.1) -t > 14.1)	1-11.00. (0.0) 11.7.1.1
C 2013	Rainzello vel. (a)
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 4/4/51 Ft Lincoln	Cemetery Colmar Manor Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
. 4/3/5/ Umanda Douney	Francis Gasch's Sons Hyattsville Maryland.
	Trance Stacke some Aguilante

PLEASE WRITE PLAINLY, WITH-UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



# CERTIFICATE OF DEATH

Reg. Dist. No. 238

GERTITORT	Reg. Dist. No	
CITY (If outside corporate limits, write RORAL and LENGTH OF STAY OR give figures town)  TOWN  MARYLAND  LENGTH OF STAY OR 1 this place)	2. USUAL RESIDENCE (HOME) OF DECEASED-STATE COUNTY  CITY (If outside corporate limits, write RURAL and give TOWN Bowley Corporate limits)	mck.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rest Home	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) HALLIE	PHIPPS   4. DATE (Month).	(Day) (Year) 5 19-5
5. SEX Ferral 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWAY	yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry	manylord	CITIZEN OF WHAT
13. FATHER'S NAME  UNKNOWN	14. MOTHER'S MAIDEN NAME  UNITION W	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of service)	Ruth Boswell Seal Blean	s, ho.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a)	estri Heart Failurg	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	el Artoriosebrosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1377 16	#0 00 00 00 00 millions award 0 code care code code
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7.7. The alive on 7. 19. 7., and that death occurred at 1. (Degree or title)	1150	
23. BURIAL, CREMATION DATE REMOVAL (Specify)  DATE RECO BY LOCAL REGISTRAN'S SIGNATURE  REG.//	CEMETARY Mitchell Ville,	ADDRESS ,

John D Smith

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

he correct age

VS. A15

4-10-51

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 243

NUVU

1. PLACE OF DEATH COUNTY PLACE GOTTES  MARYLAND CITY (I outside corporate limits, write RURAL and LENGTH OF STAY OR with a greater torge) OR of the place of the									
Prince Georges  MARYLAND CITY (If outside corporate limits, write RURAL and Jenes)  ONN  STREET ADDRESS  TOWN  MASHINGTON  STREET ADDRESS  TOWN  MASHINGTON  TOWN  MASHINGTON  THE CONN  STREET ADDRESS  TOWN  MASHINGTON  THE CONN  STREET ADDRESS  TOWN  MASHINGTON  THE CONN  STREET ADDRESS  TOWN  MASHINGTON  THE CONN  MASHINGTON  THE CONN  THE CONN  MASHINGTON  THE CONN  THE CONN  MASHINGTON  THE CONN  MASHINGTON  THE CONN  MASHINGTON  TOWN  MASHINGTON  TOWN  MASHINGTON  TOWN  MASHINGTON  TOWN  MASHINGTON  TOWN  MASHINGTON  TOWN  MORE  TOWN  MORE  TOWN  MASHINGTON  TOWN  MORE  TOWN  MORE  TOWN  MORE  TOWN  MORE  TOWN  MORE  TOWN  MORE  TOWN  MASHINGTON  TOWN  TOWN  MASHINGTON  TOWN  TOWN  TOWN  MASHINGTON  TOWN  TOWN  MASHINGTON  TOWN  MASHINGTON  TOWN  TOWN  MASHINGTON  TOWN  M					DENCE (HO	ME) OF DE		TV	
CITY (If outside corporate limits, write RURAL and JENOTH OF STAY ON PROPERTY OF PROPERTY OF THE PRICE OF THE	Prince	Georges							•
HOSPITAL OR STREET ADDRESS (Jenn Dale Sanatorium STREET ADDRESS (Jenn Dale Sanatorium ADDRESS 1514 3rd St., N. W.    Marke of Control of Contro	CITY (If outside corpor	ate limits, write RUR.	AL and   LENGTH OF STA		de corporate	limits, write	RURAL and g	rive nearest	town)
HOSPITAL OR DECESS CLOTON Dale Sanatorium    HOSPITAL OR DECESS   Table   Tabl	TOWN (Tenn	ale (Rural)	23 days		Washi	neton			
STREET ADDRESS (Henn Dale Sanatorium   1514 377 St., N. W.  NAME OF DECEASED COLA   E   Clast   Clast	HOSPITAL OR						give location)		
DECASED OF PINTS OF P		Glenn Dale	Sanatorium	ADDRESS	1514	3rd St.	, N. W.		
5. SEX   6. COLOR OR RACE   7. SINGLE MARRIED   WIDOWSCH, DIVORCED,   1/12/1014   36 yrs.   Months   Days   House   Days   Hou		(First)	(Middle)	(Last)		4. DATE	(Month)		(Year)
5. SEX FRIED SCOLOR OR RACE TO SINGLE, MARRIED WIDORCED,		LOLA	E	PIERCE			4 1	//	19 51
196. USUAL OCCUPATION Give kind of work cone during most of working life, even if retired) and eduring most of working life, even if retired) and eduring most of working life, even if retired) and the during most of working life, even if retired) and the during most of working life, even if retired) and the during most of working life, even if retired) and the during most of working life, even if retired of the during most of working life, even if retired of the during most of working life, even if retired of the during most of dates of life most of life mos		COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIR	RTH   9.	AGE jast bir	thday   If unde	er 1 year  If	under 24 hr
196. USUAL OCCUPATION Give kind of work cone during most of working life, even if retired) and eduring most of working life, even if retired) and eduring most of working life, even if retired) and the during most of working life, even if retired) and the during most of working life, even if retired) and the during most of working life, even if retired) and the during most of working life, even if retired of the during most of working life, even if retired of the during most of working life, even if retired of the during most of dates of life most of life mos	Female	Negro	(Specify) WildOWED	1/12/10	97),	36		B Days H	loure Min.
Second State   Second State   Second State   Second Seco					/	oreign country		12. CITIZEN	OF WHAT
14. MOTHER'S MAME  JOHN Henry Beall  15. WAS DECASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No Bervice)  18. MEDICAL CERTIFICATION  19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  JOHN HE SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  21. ACCIDENT  SUCCESS  OF CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT  SUCCESS  OF CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT  SUCCESS  OF CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT  SUCCESS  OF CONDITIONS  Conditions contributing to the death occurred, street, which are not of the disease	done during most of working	ng life, even lf retired)		Washingt	ton D	C			
John Henry Beall  15. Was Decrased Ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of Inknown  16. Social Security No. Inknown Decreted Inknown  17. Informant and Address  Decedent  18. MEDICAL CERTIFICATION  Interval Between Organ and Dearth Organ  Interval Between Organ  Interva	13 PATHER'S NAME		UHKHOWH						ODE
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Iflyes, give war or dates of Unknown)   16. SOCIAL SECURITY NO.   17. INFORMANT AND ADDRESS   18. MEDICAL CERTIFICATION   18. MED		77 - 77							
(Yes, no, or unknown) (Hyse, give war or dates of No	John Henry	Reall	alle Comme Comment No.	I Mary Luc	a Docke	0.0			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  Immediate cause  (b)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify)  SUICIDE (Home, farm, factory, street, Office hide, etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) (Hyller OCCURRED HOWICIDE)  INJURY  22. I hereby certify that I attended the deceased from 199 (John Color) (Degree or title) (Degr			of			DDRESS			
Immediate cause  (a)		ice) -	Unknown	Deceden	t				
Immediate cause  Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  20. AUTOPSY!  Yes No DEATE  21. ACCIDENT (Specify) OF Office shide, etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED (NIVIRY)  OF INJURY  22. I hereby certify that I attended the deceased from (Degree or title)  ADDRESS Clenn Dale Sanatorium DATE SIGNED  ADDRESS Clenn Dale, Maryland  19. State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  ON TWEET AND DEATE (ON TWEET)  ON T			18. MEDICAL	CERTIFICATION				1.	_
Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? Yes No 21. ACCIDENT (Specify) OF office hidg, etc.) HOMICIDE (INJURY)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While While at Not While INJURY (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While AL ORD  22. I hereby certify that I attended the deceased from 3/9 SIGNATURE  23. SIGNATURE  ADDRESS (Lemn Dale Sanatorium DATE SIGNED Conditions (Day) (Year) (Degree or title)  ADDRESS (Lemn Dale) (Arryland 4/11/51  DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR ADDRESS	I DISEASES OR COND	TIONS DIRECTLY	LEADING TO DEATH					ONSET	AL BETWEEN
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION   19h. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? Yes   No    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office hidg., etc.)   (CITY OR TOWN) (COUNTY) (STATE)    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office hidg., etc.)   (Vity or Town) (COUNTY) (STATE)    22. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office hidg., etc.)   (Vity or Town) (COUNTY) (STATE)    23. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office hidg., etc.)   (Vity or Town) (COUNTY) (STATE)    24. AUTOPSY?  Yes   No    25. AUTOPSY?  Yes   No    26. AUTOPSY?  Yes   No    27. AUTOPSY?  Yes   No    28. AUTOPSY?  Yes   No    29. AUTOPSY?  Yes   No    20. AUTOPSY?  Yes   No    2	i. Dibbitolo di corre		PP	T.P.	0			-	
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION   19h. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? Yes   No    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office hidg., etc.)   (CITY OR TOWN) (COUNTY) (STATE)    22. I ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office hidg., etc.)   (NJURY OCCURRED OF OFFICE INJURY)   (STATE)    23. AUTOPSY?  Yes   No    24. AUTOPSY?  Yes   No    25. AUTOPSY?  Yes   No    26. AUTOPSY?  Yes   No    27. AUTOPSY?  Yes   No    28. AUTOPSY?  Yes   No    29. AUTOPSY?  Yes   No    20. AUTOPSY?  Yes   N	Immediate ca	1190 (8)	of him on a	ry and	cur	210		0	2167
Diseasee or conditions, if any, giving rise to the above cause stating the underlying cause last (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   Yes   No    21. ACCIDENT   Specify   PLACE (Home, farm, factory, street,   (CITY OR TOWN)   (COUNTY) (STATE)    21. ACCIDENT   Specify   OF office hidg., etc.)   INJURY OCCURRED   HOW DID INJURY OCCUR?    17IME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Work   At work    22. I hereby certify that I attended the deceased from   3/19   19.5., to   19.5., that I last saw the deceased alive on   19.5., and that death occurred at   ADDRESS Glenn Dale Sanatorium   DATE SIGNED    23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETERY OR GREMATORY   LOCATION (City, town, or county)   CState)    DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR   ADDRESS    DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR   ADDRESS	AND X Immediate ca	450							
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19h. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? Yes   No    21. ACCIDENT SUICIDE   OF office hidg., etc.) SUICIDE   HOWICIDE   INJURY   COURRED   HOW DID INJURY OCCUR?  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Work   At work    22. I hereby certify that I attended the deceased from   19 5/2, and that death occurred at   20 5/2									
Stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? Yes No SIGNIFICANT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work  22. I hereby certify that I attended the deceased from Not While work At work  SIGNATURE: (Degree or title) ADDRESS Jenn Dale Sanatorium DATE SIGNED  ADDRESS Glenn Dale, Maryland 4/11/51  23. BURIAL, CRUSTATION DATE THEREOF NAME OF CEMETERY OR OREMATORY LOCATION (City, town, or county)) (State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS				•			***************************************	** NO NO NO *******	****************
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY? Yes   No   21. ACCIDENT   (Specify)   PLACE (Home, farm, factory, street, SUICIDE   OF office hidg., etc.)   INJURY   TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   OF INJURY    22. I hereby certify that I attended the deceased from   Not While   At work    22. I hereby certify that I attended the deceased from   19.51, and that death occurred at   ADDRESSGlenn Dale Sanatorium   DATE SIGNED    23. ACCIDENT   (Specify)   PLACE (Home, farm, factory, street, office hidg., etc.)   (CITY OR TOWN) (COUNTY) (STATE)    24. FUNERAL ORDERATION   OCCURRED   OCCURRED									
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  Yes No 20. AUTOPSY?  Yes No 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Home) INJURY (STATE) (STATE)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While INJURY (More) (Work At work (More) (Mor								1	
20. AUTOPSY?  Yes No   21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Home) (From the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS (Specify) No.   22. Hereby certify that I attended the deceased from More Date Signature (Degree or citle) NAME OF CEMETERY OR OREMATORY (Degree or county) (State) (State) ADDRESS (Location) (City, town, or county) (State) (State) (Degree or county) (State) (Degree or citle) (Specify) (Date Registrary Signature (Date Record By Local Registrary Signature (State) (Degree or county) (State) (Date Record By Local Registrary Signature (State) (Date Record By Local Registrary Signature (Date Record By Local Registrary Address (Date Record By Local Registrary Signature (Date Record By Local Registrary Signature (Date Record By Local Registrary Address (Date Record By Local Registrary Signature (Date Record By Local Registrary Address (Date Record By Local Registrary Signature (Date Record By Local Registrary By Local Record By Local Registrary By Local Record By Loca	Conditions contributing	to the death but not							34 11 5
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE OF office hidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCUR?  22. I hereby certify that I attended the deceased from 3/19 19 10 10 10 10 10 10 10 10 10 10 10 10 10								1 20 4 77	TODGVA
21. ACCIDENT SUICIDE OF office hidg, etc.) SUICIDE HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	19a. DATE OF OPERAT	ION I Iau. WIVIOK	TINDINGS OF OPERATION					20. AU	TOPSIT
SUICIDE HOMICIDE  OF office hidg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  DESCRIPTION  Not While At work  At work  22. I hereby certify that I attended the deceased from  Alive on									
TIME (Month) (Day) (Year) (Hour) While at Not While of Not While at No	SUICIDE	OF	office hidg., etc.)	et, (CI	ITY OR TO	WN)	(COUNT)	Y) (S7	rate)
OF INJURY  m. While at   Not While   At work    22. I hereby certify that I attended the deceased from   3/9   19.5  , to   19.5  , that I last saw the deceased alive on   19.5  , and that death occurred at   2.5   2			INJURY OCCURRED	HOW DID INJ	URY OCCU	TR?			
22. I hereby certify that I attended the deceased from 3/19, 19, 10, to 19, 19, 19, that I last saw the deceased alive on 19, 19, 19, and that death occurred at 2 am, from the causes and on the date stated above.  SIGNATURE (Degree or title) ADDRESSGIENN Dale Sanatorium DATE SIGNED  25. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR OREMATORY LOCATION (City, town, or county) (State)  PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	OF	-							
22. I hereby certify that I attended the deceased from 19.0, to 19.0, that I last saw the deceased alive on 19.5, and that death occurred at 2 cm, from the causes and on the date stated above.  SIGNATURE (Degree or title) ADDRESSGIENN Dale Sanatorium DATE SIGNED  25. BURIAL, CRESTATION DATE THEREOF NAME OF CEMETERY OR OREMATORY LOCATION (City, town, or county) (State)  PARE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	INJURI	III.	-7		ut.				
alive on	22 I hereby certify	hat I attended th	e deceased from	10 17 1	"///	1951	that I last	saw the	harranah
SIGNATURE  (Degree or title)  ADDRESSGIEND Dale Sanatorium  DATE SIGNED  (A) D. Glenn Dale, Maryland  ADDRESSGIEND Dale Sanatorium  DATE SIGNED  (A)	ZZ. I Meleby certify	e		1705					
SIGNATURE  (Degree or title)  ADDRESSGIEND Dale Sanatorium  DATE SIGNED  (A) D. Glenn Dale, Maryland  ADDRESSGIEND Dale Sanatorium  DATE SIGNED  (A)	alive on	, 19.57, ar	d that death occurred at	12 am, fi	rom the ca	auses and o	n the date	stated abo	ove.
25 BURIAL, CRESTATION DATE THEREOF NAME OF CENETERY OR OREMATORY LOCATION (City, town, or county) C (State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS		A.	(Degree or title)	ADDRESSGle	nn Dale	Sanato	rium	DATE	SIGNED
25. BURIAL, CREMATION DATE THEREOF NAME OF CENETERY OR OREMATORY LOCATION (City, town, or county) (State)  REMOVAL (Specify) 4/14/5 VOID ALL CREMENTS SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	1) DP	9	ar Mr. D					4/11	/51
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	1 leves he	p & meet	and_						, -
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	23. BURIAL, CREMATI	DATE THERE	NAME OF CEME	TERY OR OREMATA	ORY LO	CATION (Cit	y, town, or cou	inty) \ f	(State)
PROC.		7/17/-	00000	aum Viller	oul	aru	uslau	110	
4/11/51 were weers 1 4. Tho.	DEC //	AL REGISTRAR'S	SIGNATURE	24. FUNERAL	DIRECTOR	1 _	1	ADDI	RESS
	4(11/5)	nu	r well		17.	10 hc	) ,		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	v
Prince Georges Country MARYLAND	Maryland Frince Georges	I
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	ve nearest town)
OR give nearest town) TOWN Riverdale Hills Md (in this place) Year	Town Riverdale Hills Md	
HOSPITAL OR INSTITUTION OR (100 (2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	STREET (If rural, give location)	
STREET ADDRESS 6409 63 place	ADDRESS 6409 63 place	
3. NAME OF (First) (Middle)		(D-) (7)
DECEASED	OF Annil 7	6 (Day) (Year)
(Type or Print) Rose Mary Prowinsky	DEATH -	19
female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED,	8. DATE OF BIRTH 9. AGE last birthday If under Months	I year   If under 24 hrs
(Specify) Single	1 0/20/10/10 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
Retired Coast of working life, even figerized) Industry Government	Wisconsin	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
August Prowinsky	Mary Manlei	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	•*
(Yes, no, or unknown) (If yes, give war or dates of service)	Gertrude P Upezak Riverdale Hi	ills Md. ##
18. MEDICAL CE		
	•	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1- 01	ONSET AND DEATE
y You evalual a	ecenonolous - a demp	4 remites
Immediate cause (a)	Control of the second of the s	
/5 / XAntecedent cause(s)	e of standard	19. 4.
Diseases or conditions, if any, (b) giving rise to the above cause		10 way 19
## stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	0 -8 1 1-1-	20. AUTOPSY?
2-12-5 Massive Concerns of Stove	I with witastairs	Yes   No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.)		(2-11-2)
HOMICIDE   INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	21011 212 2110111 000011	
INJURY m.   Work   At work	-1/	
22. I hereby certify that I attended the deceased from.	1 195/ to Ofred / 10/ that I last a	aw the deconned
2. ()		
alive on ellered 4, 190, and that death occurred at	o P.m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James H Scully M. D. M. V	1835 Eig St. N.W. Worldon V. C.	Chal 17 931
REMOVAL Specify)	RY OR CREMATORY LOCATION (City, town, or count	
12000		1
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
A A THE TOTAL STATE OF THE STAT	17 SIANCHE SOWE IN TOTAL AND	110

BURTAJ 7. 8.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

121

OBKITIONI	Reg. Dist. No. Q J	
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	-
Prince Georges MARYLAND	STATE Maryland Prince Georg	PAT
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give neares (1992)	CITY (If outside corporate limits, write RURAL and give nearest town)	,03
TOWN Cheverly	Town Riverdale (East Pines)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.	STREET ADDRESS 603367th Place	
3. NAME OF (First) (Middle) DECEASED (Type or Print) James Joseph Qui		Year)
	DEATHADILL LOUIS	19 5.
Male White WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Hours Feb. 13/1882 69 yrs. If under Hours	24 hrs Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on does during most of marker life, what carried a hours Navy Yard	11. BIRTHPLACE (State or foreign country)  England  12. CITIZEN OF COUNTRY? US	WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
Unknown	Unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of None None	James A. Quinn 6033-67thPl.E. Riverd	ia l
		- 14
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BET	WEEN
n in season	ONSET AND D	EATH
Immediate cause (a) celebror	en / farmontage / Sa.	
Antecedent cause(s)	0	F
	me or Lasena	
Diseases or conditions, if any, (b)	Out	
T / a stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	val Uleen.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	1 20 AVMODES	7.0
	20. AUTOPSY	(1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,		10
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) I INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	NOW DID INVOICE OCCOR!	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from	, 19.5%, to	
(1/2/ 2/	, 152t., that I last saw the deceas	sed
alive on, 19, and that death occurred at	ADDRESS.	
SIGNATURE (Degree or title)	ADDRESS 2 DATE SIGN	ED
11/1/1/1/0th (4.11)	STO / Stones is St / ent dia !	61
23. BURIAL, CREMATION DATE NAME OF CEMETER	BY OR CREMATORY LICEATION OF	1/10
Burial 4/17/1951 Mt.Olivet		9) 7
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 BINISDAY DIDUCTOS	7
BFG. 14=51	ADDICESS	2/ 2
1 / S " Omnand Housely	W.W.Chambers Company, Riverdale,	Md



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. N	.237
1. PLACE OF DEATH ON H CLEST	2. USUAL RESIDENCE (HOME) OF DECEASED (10)	Llock
COUNTRINCE GEORGE MARYLAND	STATE MS. PRINCE COURT	EORGE
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  LENGTH OF STAY (in this place)	CITY (II outside corporate fimits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS VOULE R.F.	STREET (If rural, give location) ADDRESS	/
3. NAME OF DECRASED (First) (Middle) (Type or Print) PEBECCA From Ces	RAU JEATH Agril	(Day) (Year)
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthdy If under Months.	1 year   If under 24 hr.   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY  ACCUMANTS	11. BIRTHPLACE (State) or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Anderson A Not	I SILIO E RIL	16001
15. WAS DECRASED ÉVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS	2///
A MANDAGAL OF	ONLY OVES	8
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIPICATION	ONSET AND DEATH
Immediate cause (a) Tobas Press	moria	2 days
Antecedent cause(s)		
Diseases or conditions, if any, (b) Tracture Ly	w- Jangrene feet	4 Mo.
giving rise to the above cause stating the underlying cause last		9
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
alive on ———————————————————————————————————	ADDRESS  ADDRESS  ADDRESS  LOCATION (City, town, or coun	DATE SIGNED  (State)
DATE REC'D BY LOCAL REGISTRAR'S GNATURE)	24. FUNERAL DIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04035

Reg. Dist. No.....

COUNTY Prince Georges   MARYLAND  CITY (if outside corporate limits, write RURAL and or give nearest town) OR give nearest town) OR give nearest town) OR STREET ADDRESS  3. NAME OF DECEASED (Type or Print) Albert Zearl Ringe (Type or Print) (Give kind of work done during most of working life, even if retired) Industry (Type or print) (Give kind of work done during most of working life, even if retired) Industry (Type or print) (Give kind of work done during most of working life, even if retired) Industry (Type or print) (Give kind of work done during most of working life, even if retired) Industry (Type or print) (Type or print) (Give kind of work done during most of working life, even if retired) Industry (Type or Print) (Type or Prin	RESIDENCE (HOME) OF DECEASED.  Maryland  (If outside corporate limits, write RURAL and give nearest town)  Rural (Upper Marlboro)
CITY (if outside corporate limits, write RURAL and Rivo pare of town)  OR give nearest town)  OR give nearest town)  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOWN RURA!  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOW	(If outside corporate limits, write RURAL and give nearest town)
CITY (if outside corporate limits, write RURAL and Rivo pare of town)  OR give nearest town)  OR give nearest town)  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOWN RURA!  OR TOWN RURA!  ADDOT CT  IN BIR MEDICAL CERTIFICATE  OR TOWN RURA!  OR TOW	(If outside corporate limits, write RURAL and give nearest town)
TOWN RUPAL OR HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED (Type or Print) A 1 bert Zearl Ringe 5. SEX A 6. COLOR OR RACE White White  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Palnting 13. FATHER'S NAME Edward Ringer 15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of Ves. Antecedent cause Antecedent cause Antecedent cause (a)  Immediate cause Antecedent cause (b) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY  TIME (Month) (Day) (Year) (Hour) Work At work  At work  Town Mars  Colditions STR  And Coldent STR  And Coldent STR  And STR  And STR  And STR  And STR  And STR  And Spearl Ringe Town Mars (Specify) Box Kind, or Rusiness or Negroid of Wilder Science Injury  Time (Month) (Day) (Year) (Hour) OF While at Not While Work At work	Rural (Upper Marlboro)
HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF CFIRST  DECEASED CType or Print) Albert Zearl Ringe  5. SEX 6. COLOR OR RACE WIDOWED. DIVORCED, Mare  Male White White (Specify) Marrited Or Received Widowed Divorced Mare  10a. USUAL OCCUPATION (Give kind of work Inguing most of working life, even if retired) Painting  13. FATHER'S NAME INDUSTRY and YMAIN Per  14. MOY UNIX TATHER'S NAME IN U.S. ARMED FORCES? IN U.S. MEDICAL CERTIFICATE IN U.S. MEDICA	
STREET ADDRESS  3. NAME OF DECEASED Albert Zearl Ringe (Type or Print) Albert Zearl Ringe (Specify) Male (Type or Print) (Give kind of work done during most of working life, evon if retired) (Specify) Maltited (Mar. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) (Specify) Maltited (National Palntling Palntling (If yes, give war or dates of Industry Industr	ET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (LE DECEASED (Type or Print) Albert Zearl Ringe (Type or Print) Albert (Ty	RESS
DECEASED (Type or Print)  A lbert  Zearl  Ringe  S. SEX Male  White  White  Whowen, Divorced, Mar.  (Specify) Married, Mar.  (Specify) Mar.  (Specify) Mar.  (Specify) Married, Mar.  (Specify) Married, Mar.  (Specify) Mar.  (Specify) Married, Mar.  (Specify) Marrie	
Type or Print) A 10ert Zear Mange 5. Sex 6. Color or Race White 7. Single, Married, & Dari Male White Specify Married, & Dari Mar. 6. Color or Race Whole Mar. 6. Specify Married, & Dari Mar. 6. Specify Married, Married, Married, Married, Mar. 6. Specify Married, M	OF
Male  White  Whowen Divorced (Specify) Martled Mare  10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired)  Palnting  13. FATHER'S NAME  Edward Ringer  15. Was Decrased Ever in U.S. Armed Forces?  16. Social Security No.  17. INF  (Yes, no, or unknown) (If yes, give war or dates of yes.  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW OF INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW of INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW of INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW of INJURY Mork At work	r   DEATH 4 5 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting  13. FATHER'S NAME  Edward Ringer  15. Was Decrased Ever in U.S. Armed Forces?  16. Social Security No.  17. Information of the service of the se	OF BIRTH 9. AGE last hirthday If under I year   If under 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) Painting  13. FATHER'S NAME  Edward Ringer  14. MO  Unk  15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of working life.)  In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY OR At work   At work	8, 1886 65 yrs. Months Days Hours Min.
Edward Ringer  15. Was Decased Ever in U.S. Armed Forces? [16. Social Security No. 17. INF (Yes, no, or unknown) (If yes, give war or dates of Yes, no, or unknown) (If yes, give and yes, no, or u	THPLACE (State or foreign country)   12. CITIZEN OF WHAT
Edward Ringer  IV. Was Deckased Ever in U.S. Armed Forces?  IV. Was Deckased Forces?  IV.	nsvlvania Countrati
Edward Ringer  15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of Yes. No Yes. no, or unknown) (If yes, give war or dates of Yes. No Yes. no, or unknown) (If yes, give war or dates of Yes. No Yes. N	HER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, rive war or dates of Yes).  18. MEDICAL CERTIFICAT  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  192. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE (North Conditions)  TIME (Month) (Day) (Year) (Hour) (NJURY OCCURRED While at Not While Mork At work	
(Yes. no, or unknown) (If yes, city war or dates of service) where the service was represented by the service of the service was represented by the service of the service	
Is. MEDICAL CERTIFICAT  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF MINJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  Mork At work	
Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) BYLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  MOOK At work	Regina Ringer-Upper Marlboro?Md
Immediate cause  Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  192. DATE OF OPERATION 193. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) SUICIDE OF office bidg., etc.) HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF United States of Conditions Country Street, INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  Mork At work	INTERVAL BETWEEN
giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  TIME (Month) (Day) (Year) (Hour) Work At work	ONSET AND DEATH
giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Net While INJURY  TIME (Month) (Day) (Year) (Hour) Work At work	
giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Net While INJURY  TIME (Month) (Day) (Year) (Hour) Work At work	seo
giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Net While INJURY  TIME (Month) (Day) (Year) (Hour) Work At work	
giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY  TIME (Month) (Day) (Year) (Hour) Work At work	Musease Unk
Column   C	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Net While INJURY Mork At work	
Conditions contributing to the death but not related to the disease or condition causing death.  19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)  INJURY (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Net While INJURY  INJURY Mork At work	
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bidg., etc.)    HOMICIDE   INJURY OCCURRED   HOW OF INJURY   INJURY OCCURRED   While at Not While    INJURY   INJURY   INJURY OCCURRED   INJURY OCCURRED   HOW OF INJURY	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Net While INJURY Work At work	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Net While INJURY  INJURY Mork At work	20. AUTOPSY?
SUICIDE OF office bldg., etc.) HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Net While INJURY  Mork At work	Yes No No
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	
OF INJURY  m. While at Net While Work	OID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 30/4, , 195	
22. I hereby termy that I attended the deceased from, 15%	to 500 1957 that I last saw the deceased
20	, co, to, that I last saw the deceased
alive on Haff, 1951, and that death occurred at 6 - A	
SIGNATURE: (Degree or title) ADDR	m., from the causes and on the date stated above.
1 + 1 + 12/c/ 1 n 2 1	m., from the causes and on the date stated above.
1/ roter 10/ Jassey Ma light	m., from the causes and on the date stated above.
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OF C	ber Marllom 50/151
burian (Specify) 4/9/51 St. Peters Ceme	REMATORY   LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE 24. FUR	DATE SIGNED  TO SUCKE  REMATORY   LOCATION (City, town, or county) (State)
bufflat (Specify) 4/9/51 St. Peters Ceme	ber Marlborn 50/151

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 441

04036

I. PLACE OF BEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	v
MARYLAND	Varyand 19. Ses	<del>2</del>
CITY (If outside corporate limits, only RURAL and LENGTH OF STAY OR give nearest town) TOWN (in this place)	CITY (If outside convorate limits, write RURA) and group of the CONVO	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6110 Labert	STREET ADDRESS 61108. Sheet	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH 4-2	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED,	8 DATE OF BIRTH 9. AGE last birthday If under Months	I year  If under 24 hrs.
10a. USUAD OCCUPATION (Give kind of work toby Kind or Business or done during most of gorking site, even if retired) injusting	An a	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME,	0.3-7.
William Seldon	arsida bunt.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	William Selden . Fa	ther
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) 9 9 4 4 4 4		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	no miningitio (Water-	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.  OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY nn, work at work	HOW DID INJURY OCCUR?	
	used died on the day stated above, and death in my	DATE SIGNED
DATE RECO BY LOCAL   REGISTRAR'S SIGNATURE	memorial Suttland me	ADDRESS
REG. Ofer 26/51 amando do acomo	Je Gaschio Socis Hu	tterle M
Carrie J. Campbell	,,,	9

7-363

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

04037

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Primer Storal. MARYLAN.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUL	NTY Prince George
CITY (If outside corporate limits, white RURAL and CENGTH OF OR give nearest town) W. Ruinev. (in this plane)	lace) OR TOWN M. Rainly	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location ADDRESS 3817-37- Street	7.
3. NAME OF (First) (Middle) DECEASED (Type or Print) VILLIAM	SHIELDS 4. DATE (Month) OF DEATH Offile	(Day) <sub>C</sub> (Year) 29 - 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVID (Specify)	RCED (07, yrs. Mon	der 1 year   If under 24 hrs. ths   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Busin Industry  Indu	m Wash De.	12. CITIZEN OF WHAT COUNTRY?
I de Shield	14. MOPHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY (Yes, no, or unknown)   (If yes, give war or dates of service)	Marquertte Sh	ulds .
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute	Pulmonary Insufficiency	1 day
Antecedent cause(s)  Disease or conditions, if any, giving rise to the above cause	tie Disease	4 Months
47c stating the underlying cause last (c) Broncho 4	penic Carcinoma Rt	7 months
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory OF office bidg., etc.) INJURY		TY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not Wh INJURY m. Work At wor	ile	
22. I hereby certify that I attended the deceased from	Vov., 1950, to April., 1951, that I las	st saw the deceased
alive on April 28, 1951, and that death occurre SIGNATURE	e) ADDRESS	DATE SIGNED
Benjamin S. Miller M.D		2 april 29 1957
REMOVAL (Specify) May 22/57 mx.	CEMETERY OR CREMATORY LOCATION (City, town, or co.	6.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SUCCESSION OF STREET	J. F. Costello . Wash. L	Le ADDRESS
	and an analysis of the same an	to a sale of

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: Seorges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RUFAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL) and give OR	re pourest town
HOSPITAL OR INSTITUTION OR 4211 Queenshiy Xd	STREET ADDRESS (If rural, give location)	ny Rd
3. NAME OF DECEASED WILLARD AARON	SIMONDS 4. DATE (Month)	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	1 year   If under 24 hrs. Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work the denormal work in the condition of the conditio	11. BEATHPLACE (State of foreign country) 12	COUNTRY?
13. FATHER'S NAME - B SIMONS	14. MOTHER'S MAIDEN NAME Farnh	am
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give-war or dates of service)	Butta n. semonde /fyst	terle he
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
2 / /	7 1-1	ONSET AND DEATH
Immediate cause (a) Mystan de l	tacture	2 days
/5 3X Antecedent cause (8) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Acolon	8 moth
stating the underlying cause list		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
8-7-50 Manuelan Carcinoma	essen de calm	V
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	-Vi
22. I hereby certify that I attended the deceased from 8-4-3		
alive on, 19, and that death occurred at (Degree or title)	430 Plm., from the causes and on the date sta	ated above. DATE SIGNED
23/ BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	10 43 and me Hatter H	4-19-51
DEMOVAL Specify) 4/20 /5-1 Chestmit	RY OF CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE BEG. 9 1951 Janus Seven	F Basels some Type	Corles,

APR 20 1951

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

BINDING

MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04039

Reg. Dist. No. 242

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
MARYLAND	CITY (If outside corporate limits, write RURAL and give	4
City (If outside corporate limits, write RURAL and LENGTH OF STAY OR give horrest town) TOWN Lin this place)	OR TOWN Chanel Dakes	e nearest town)
HOSPITAL OR	STREET (If ru al, give location)	1 101
INSTITUTION OR 5712 addrson Chapel K	ADDRESS 5-112 - Goldson Cl	rapel Rd
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) / whith signley	much DEATH am - 3	1957
6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthelay If under Months	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT
- hand	1 Manualan and	OUNTRY'S
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17 INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	devismeth father	
18. MEDICAL CI	ERTIFICATION	1 -
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Canla de		
Immediate cause (a)		
Diseases or conditions, if any, (b)	in or lood.	
1950 stating the underlying cause last		
(c)		
11. O'THER SIGNIFICAN'T CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No 🗆
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	P6	m d
TIME (Month) (Day) (Year) (Hour) [ INJURY OCCURRED	HOW DID INJURY OCCUR?	, / / - 02
OF While at Not while		1 /100
OF   While at   Not while   INJURY   m.   Work   at work		1 // (4
INJURY m.   work □ at work □  22. I certify that I took charge of the remains described above, held an.	Autopsy X Inspection X, Inquiry X thereon and t	from the evidence
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec	eased died on the dry stated above, and death in my	from the evidence opinion resulted
INJURY m.   work □ at work □  22. I certify that I took charge of the remains described above, held an.	eased died on the dry stated above, and death in my	from the evidence opinion resulted
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decfrom: natural causes , accident , suicide , homicide .	eased diect on the day stated above, and death in my $\epsilon$ , undetermined $\square$ .	opinion resulted
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec from: natural causes , accident , suicide , homicide , slignature (Degree or title)	eased diect on the day stated above, and death in my $\epsilon$ , undetermined $\square$ .	DATE SIGNED
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec from: natural causes of accident , suicide , homicide , homicide , signature  SIGNATURE  (Degree or title)  23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	eased diet on the day stated above, and death in my a undetermined  ADDRESS  Chevely Md 4	DATE SIGNED
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec from: natural causes , accident , suicide , homicide , slignature (Degree or title)	eased died on the day stated above, and death in my of undetermined  ADDRESS  ERY OR CREMATORY LOCATION (City, town, or county)	DATE SIGNED
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said decfrom: natural causes accident, suicide, homicide, slignature  SIGNATURE  (Degree or title)  23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  DATE REC'D BY, LOCAL   REGISTRA'S SIGNATURE	eased died on the day stated above, and death in my andetermined ADDRESS  ERY OR CREMATORY   LOCATION (City, town, or control of the cont	DATE SIGNED

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Rev. Dist. No.

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND	Wany Jana Hamel	word!
CITY (If outlide consorate lights, write RUHAL and LENGTH OF STAY OR give pearest town (in this face) TOWN (In this face)	CITY (If outside of ports limits, write URAL and give OR TOWN Crattonell	heares (Lown)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Seland Memorial (4020)	STREET (If reval give location) ADDRESS 7203-Ferent (Rang. )	ut 1 Alban
3. NAME OF DECEASED & (First) (Middle)	Q (Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print)  6. SEX  6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday/ If under	19.5/
Female White WIDOWEDO DIVORCED.		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	,
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no of unknown) (If yes, give war or dates of service)	Hospital records	
18. MEDICAL CE	RTIFICATION	1 -
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
510 Immediate cause (a) Congestion	e heart failure	
00.		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	1	
stating the underlying cause last  (c) Onenation:	under ether for tomallectoning	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	more time for ansecuting	
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OF TOWN) (COUNTY)	(STATE)
PRIMARY Nor CONTRIBUTING OF office lidg., etc.) CAUSE OF DEATH.	Daverdale, Vr. Sierge.	mol.
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF Not while INJURY 4-27-5/9.00 m.   Work   at work	Monday of the College of Coult	toy T. & a.
22. I certify that I took charge of the remains described above, held an A	utonsy & Inspection & Inquiry & thereon and	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	used died on the day stated above, and death in my	opinion resulted
from: natural causes , accident suicide , homicide ,	undetermined [_]. ADDRESS	DATE SIGNED
John Maloney. W.D. Dep. M. G. Gda	m cheverly- Highthurle	2 md/427
A. BURIAL CREMATION DATE THEREOF JAME OF CEMETER	TIMERAL HOME LITTLE LITTLE AND THE STREET	Telas (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNCRAL DIVECTOR HISTORIAN	ADDRESS
me of the specient organ,	2/0000000000000000000000000000000000000	

# CEDTIFICATE OF DEATH

1996	MARYLAND STATE DEPARTMENT OF H	HEALTH	04041
ect 8	CERTIFICATE OF DEAT	TH	-021
e correct	FOR MEDICAL EXAMINERS		st. No
The	QUINTY . STANTA	(HOME) OF DECEASED	XTAUC
	CILY (If outside corporate limits, write RURAL and   LENGTH OF STAY   CITY (If outside corp	orate limits, write RURAL	and give nearest sown)
refu egib	TOWN TOWN STREET  OR Bive nearest town) 4 (In this place) OR TOWN  HOSPITAL OR STREET	(If rural, give locat	dan)
n ca	INSTITUTION OR 302 opens Gad. ADDRESS 302	- Vaplars	Evad.
y every item of information carefull; the causes of death clearly and legibly	3. NAME OF DECEASED (First) (Middle) (Last)	4. DATE (Mont	
form	6. SEX 6. COLOR OF RACE   7. SINGLE, MARRIED.   DATE OF BIRTH		under I year   If under 24 hr
f in	WIDOWED DIVORCED, Wor. 23, 1946  10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or 11. BIRTHPLACE (State	th 6 yrs.	onths Days Hours Min
of de	done during most of working life, even if retired) INDUSTRY	ka	Constraye a
y ite	13 PATHER'S NAME POSTORED Sunda Donothe		
ever	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SPCIAL SECURITY NO.   17. INFORMANT AND	ADDRESS ,	Н
ply e the	(1798, BC, OF GIRBOWI) (1798, give war or dates of the service) (18. MEDICAL CERTIFICATION	4 cords of fal	her
Supply write th	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE ONSET AND DEAT
INK.	Immediate cause (a) Short		
Zď	865.0 Anteredent couse(a)	1.1	
ING	Diseases or conditions, if any, (b) 34004 also gree lower stating the underlying cause last	sof today	as the desire $\hat{g}_{ij}$ and the statement as the desire sum and the $\hat{g}_{ij}$
AD	(a) Coullagrahain in hor	ne.	
WITH UNFADING nportant. Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
H	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
WITH	21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,   (CITY OF	TOWN) (CQI	Yes □ No W
0 + 1400	PRIMARY FOR CONTRIBUTING OF office bidge etc.) CAUSE OF DEATH. INJURY Worm	rde - 12. Se	o-County Mg.
Ciall	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OF INJURY OF THE HOW DID INJURY OF THE HOW DIN	CCURT B. 29 - che	shed into
PLA espe	22. I certify that I took charge of the remains described above, held an Autopsy , Inspection obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day sta		
E	obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day statement in the from: natural causes accident said suicide, homicide, undetermined.	ated above, and death in	my opinion resulted
PLEASE WRITE PLAINLY is especially	SIGNATURE (Degree or title) ADDRESS	11: 1-01	DATE SIGNED
3	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETERY OF CREMATORY	LOGATION (City town,	My 4-9-57 pr county) (State)
SAS	REMOVAL (Specify) 4/9/51	Washing to	in , LC
PLE	DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE  REG. 4/9/51 Chmander Downer Wartter 7	TOR JE	ADDRESS
	The state of the s	ineral order	
	stign Hert alsot		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. NIARGIN RESERVED FOR BINDING



# MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

ge correct age

MARGIN RESERVED FOR BINDING

04042

231

0/		Reg. D	18t. NO
H	1. PLACE OF DEATH OUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	COUNTY
	MARYLAND MARYLAND	1 Varyland - Inno	iluncio
= 0	OR glve nearest town) LENGTH OF STAY	II OP	and give newrest town)
gille	TOWN VVOVIMESAGE Supp.	TOWN Morningside	
Ea T Fe	HOSPITAL OR INSTITUTION OR 3 and Road.	STREET ADDRESS 3 0 2 Range and Street	
ion carefull and legib	STREET ADDRESS 302 Coplars (Coad.	11 3 2 7 8 2000 10	rad'
ly ly	3. NAME OF (First) (Middle)	(Last) 4. DATE (Mon	th) (Day) (Year)
mear	(Type or Print) Une Sense	myder DEATH 4.	- 8 - 1951
0 2	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday	f under I year   If under 24 hr. Menths   Days   Hours   Min.
the state	(Specify) made	1 4 71 12 1 yrs. 12	
dead	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
Jo		Washington, JC	101.5.0.
£ 5.	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
aus	Dannel Roswell Angola, Jr.	I dorothea gardner	,
e ve	15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	+
the	service)	White day laces of of	alher.
Supply every item of information write the causes of death clearly an	18. MEDICAL CI	ERTIFICATION /	INTERVAL BETWEEN
Su	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
INK.	Immediate cause (a) demantiage	and add	
N.K.	0/= 1	. C. J. M. C. S. C.	······································
	865, O Antecedent cause(s)	Device a Radia	
None	Diseases or conditions, if any, (b) Vysking Man Qui	someway of voor.	***************************************
ici	stating the underlying cause last	to the transfer of	
WITH UNFADING nportant. Physicians:	in struct by anoples	ul crashing into home	• 68
Na.	OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
D i	related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		I AND AND TO THE
Ha	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
WITH	21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, mtreet,	(CITY OR TOWN) (CO	Yes No
N E	PRIMARY Son CONTRIBUTING OF office bldg., etc.)		OUNTY) (STATE)
	CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCURT, U.S. BJ2	10 - MOI;
Z is	OF A While at Not while		5 erashed mis
PLAINLY especially	INJURY - 8-51 9-05 m, work at work 8	home of de ceased causing in	young & distruction
T <sub>c</sub>	22. I certify that I took charge of the remains described above, held an	Autopsy Inspection & Inquiry & thereo	n and from the evidence
E. 2	obtained by said Autopsy, Inspection or Inquiry, find that said dec	reused died on the dry stated above, and death i	n my opinion resulted
E	from: natural causes , accident , suicide , homicide ,	, undetermined ADDRESS	DATE SIGNED
2	SIGNATURE (Degree of title)	ADDRESS A 11 AT	A A
=	John J. M. Long, M. D. Dep. Med. E.	man - Cheverlan Hyalloul	le m/4-9-51
三	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETI	ERY OR CREMATORY   LOCATION (City, town,	or county) (State)
PLEASE WRITE PLAINLY is especially	REMOVAL (Specify) 4/19/5/	Washingt	ou, U.C.
LE	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Ь	REG. 4/9/51 Umanda Dounes	Wastler Funeral Hor	ne, wosh DC

of information death clearly and oly every item the causes of d Suppl write MARGIN RESERVED INK. , WITH UNFADING important. Physicians: PLAINLY, is especially i



Wash., D.C.

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VS. A15/

2411 N. Charles Street, Baltimore

#### CEDTIFICATE OF DEATH

		Reg. Dist. No.
	2. USUAL RESIDENCE (HOME) OF I	
County MARYLAND		COUNTY GEORGE
URAL and   LENGTH OF STAY	CITY (If outside corporate limits, wri	te RURAL and give nearest town)
(in this place)		
	STREET (If rur	al, give locatioo)
	11 1704 37	B Avenue
		(Mooth) (Day) (Year)
	DEATH	
7. SINGLE, MARRIED,		nirthday   If under 1 year   If under 24 hrs.
(Specify) Widowed	Feb. 15, 1862 89	yrs.   Months. Days   Hours   Min.
ork 10h. KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign coun	try)   12. CITIZEN OF WHAT
INDUSTRY At Home	Sent/a	nd COUNTRY?
,	14. MOTHER'S MAIDEN NAME	
01	Agnes Wa	WSON
ICES?   16. SOCIAL SECURITY NO.		
tes of Name.	Mrs Doges South W	5 ENT AND POR HIT WI
AUNC	The state of the	0 01 111c., (ap. 11813. Ma.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
LY LEADING TO DEATH		ONSET AND DEATH
pe.c.c.	al lawlet	1 10
- Charles and Carlotte Carlotte	worm awarm, and	do 10 minis
Demenalised a	toring league	Some
- Line of the	A selection of the second	syear
		0
ot death. None		
R FINDINGS OF OPERATION		1 20. AUTOPSV7
R FINDINGS OF OPERATION		20. AUTOPSY?
	: (CITY OR TOWN)	Yes 🗆 No 🗆
PLACE (Home, farm, factory, street, office hide., etc.)	(CITY OR TOWN)	
PLACE (Home, farm, factory, street, office hidg., etc.) NJURY		Yes 🗆 No 🗆
PLACE (Home, farm, factory, street, office hide., etc.)	(CITY OR TOWN)  HOW DID INJURY OCCUR?	Yes 🗆 No 🗆
	URAL and LENGTH OF STAY (in this place)  3446275  (Middle)  H CORDON  E   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MICOWER  ORK 10b. KIND OF BUSINESS OR INDUSTRY HOME  LY LEADING TO DEATH  CONTROL OF COMMERCE  LY LEADING TO DEATH  CONTROL OF COMMERCE  STENDARD STAY  OR COMMERCE  LY LEADING TO DEATH  CONTROL OF COMMERCE  STENDARD STAY  COMMERCE  OF COMMERCE  STAY  OR COMMERCE  COMMERCE  STAY  OR COMMERCE  COMMERCE	CITY (If outside corporate limita, wright of this place)  (In this place)

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2411 N. Charles Street, Baltimore

# OPPORTED ATE OF DEATH

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		CERTIFICAT	E OF DEA	Reg.	Dist. No.
1. PLACE OF DEAD COUNTY	mice George	MARYLAND	2. USUAL RESIDENCE	(HOME) OF DECEASE	COUNTY COUNTY
OR give neares		LENGTH OF STAY (In this place)	TOWN ON	werch	L and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	OR James	Pavilarium	STREET ADDRESS	(If rural, give to	cation)
3. NAME OF DECEASED (Type or Print)	ROBERT	DIGHTON	TAYLOR	OF DEATH	onth) (Day) (Year) (Year) 1957
5. SEX male	6. COLOB OR RACE	7. SINGLE, MARRIED, WIDOWED, (Specify)	8. DATE OF BIRTH - About 1876	74 yrs.	If under 1 year If under 24 hrs Months. Days Hours Min.
done during mon of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAI	Robert Ja	ylor	14. MOTHERS MAIDE	Lewis	
15. WAS DECRASED I	EVER IN U.S. ARMED FORCE (If year, give war or dates service)	§? 16. SOCIAL SECURITY No.	17. INFORMANT AND	Leylon (Sou)	Manerak, Va.
	CONDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Diseases of	ent cause(s) r conditions, if any, to the above cause	Chronic Eus	docenditis		, ,
II. OTHER SIGNIE Conditions contrib	underlying cause last (c) FICANT CONDITIONS buting to the death but not hase or condition causing dea	Leveral arte	nosebrose	2	9, 0,
		FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE	OF	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month) OF INJURY		URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
alive on	Ames P. Ja MATION DATE Pecify) 4 - 22	nd that death occurred at (Degree or title)  M.D. Jan  NAME OF CEMETE	ADDRESS ADDRESS ADDRESS ADDRESS AND JAMES AND ADDRESS AND ADDRESS AND ADDRESS AND ADDRESS ADDR	causes and on the	DATE SIGNED 4-20-/95/ 4, or county) (State)
DATE REC'D BY	6 57 REGISTRAR'S	Geduil	24. FUNERAL DIRECT	or 25	3 Commolos

PUBASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED. 1. PLACE OF DEATH. COUNTY STATE COUNTY Prince Georges Co. MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN Glenn Dale
HOSPITAL OR (in this place) Washington TOWN STREET ADDRESS 921 Third Street Northwest Glenn Dale Tuberculosis Sani-INSTITUTION OR STREET ADDRESS torium. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED MARY THOMAS 26 DEATH 19.57 (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, S. DATE OF BIRTH 9. AGE last birthday SEX 6. COLOR OR RACE If under 1 year | If under 24 hrs Female Months Days Negro Hours | Min. (Specify) WICOW 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTSY? A done during most of working life, even if retired) INDUSTRY Prince William Co., Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Thomas Mildred Penn 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Il yes, give war or dates of service) None Decedent 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) 1 KUA 2 WOOTA Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Almonary Tuberculais Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION No I 21. ACCIDENT PLACE (Home, farm, factory, street, OF office hldg., etc.) (CITY OR TOWN) (COUNTY) (Specify) SUICIDE HOMICIDE INJURY INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While Work INJURY At work 19.57, that I last saw the deceased 22. I hereby certify that I attended the deceased from... ADDRESS ADDRESS DATE SIG 19.5/, and that death occurred at... alive on.... (Degree or title) SIGNATURE DATE SIGNED 4/26/51 Glenn Dale, Md. M.D. NAME OF CEMETERY OR CREMATORY BURIAL, ORE LATE REMOVAL (Specify) LOCATION (City, town, or county) DATE REO'D BY LOCAL REGISTRAR'S SIGNATURE

of information carefully. death clearly and legibly. FOR BINDING Supply every item write the causes of c please INK. PLAINLY, WITH UNFADING sespecially important. Physicians:

WRITE

PLEASE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

mt Raisier, md

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	FOR MEDICAL	<b>EXAMINERS</b>	Reg. Dist.	No. 245
1. PLACE OF DEATH: COUNTY Amee 1101 910	MARYLAND	STATE / // ary	HOME) OF DECHASED COU	14
CITY (A outside corporate limits, write RURAL OR give pearest town) TOWN	and LENGTH OF STAY	TOWN MP	ate imits, write RURAL and	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	morial Hosp	STREET ADDRESS 340	5 Hewton_	21.
3. NAME OF DECEASED (First) (Type or Print)	Evan M	(Last)	4. DATE (Month) OF DEATH (Month)	(Day) (Year) 24 195
The same of the sa	(Specify) WOBCED,	Sept. 1874	76 yrs. Mon	der I fear   If under 24 h
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refused)  13. FATHER'S NAME	NESTITE   BUSINESS OF		ntantilales	COUNTRY? U.S.
Theophilow Thom	16. SOCIAL SECURITY NO.	Mary L	1	
(Yes no or unknown) I (If yes give wer or deter of	169-01-8185	William	Happel -	Son-in-lan
I. DISEASES OR CONDITIONS DIRECTLY LE.	ADING TO DEATH	+ 1	A failure	INTERVAL BETWEE ONSET AND DEAT
420 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Formany &	trombosic	os elevosis	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
31 a stating the underlying cause last (c)	From any Oc	chision		
<ol> <li>OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</li> </ol>		Sarrenal	disiase.	
19a. DATE OF OPERATION 19b. MAJOR FIN				Yes No [
CAUSE OF DEATH.		(CITY OR		TY) (STATE)
OF W	NJURY OCCURRED Thile at Not while work at work	HOW DID INJURY OC	CCUR?	
22. I certify that I took chorge of the remains obtained by said Autopsy, Inspection or Infrem: natural causes occident ,	nquiry, find that said decea suicide □, homicide □,	sed died on the day state undetermined $\square$ .	Inquiry thereon as ed above, and death in n	ny opinion resulted
John D. M. Long M. 10. De	(Degree or title)	ADDRESS Character to	haltmalle	Mal V-14-C
23. BURIAL, CREMATION   DATE THEREON   REMOVAL (Specify)	NAME OF CEMETER	Y OR CREMATORY	LOCATION (City, town, of co	ounty (State)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Dist. No. 74-5

mt-Rainier, md.

			E OF DEA	Re,	g. Dist. No	
1. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE		SED.	
· FINCE GEOIGE MARYLAND			STATE Maryland COUNTY Geo.			
CITY (If outside	corporate limits, write RURAL		CITY (If outside corp	orate limits, write RU	RAL and give ne	arest town)
OR givo neares	vondale	(in this place)	TOWN A WO	ndale		
HOSPITAL OR	T U 11 (1 C) 12 ( )		STREET	(If rural, give	e location)	
INSTITUTION O	ess 4810 Avonda	la Rond	ADDRESS 4870	Avondale	Ra.	
3. NAME OF	(First)	(Middle)	(Last)			(Year)
DECEASED	Charles		Thornburg	OF		
(Type or Print) 5. SEX		SINGLE, MARRIED.	1 8. DATE OF BIRTH	9. AGE last birthds	pril 16	1957
Male	White	WIDOWED, DIVORCED, (Specify) arried			Months   Day	Hours   Min.
	PATION (Give kind of work	(Specify) Arried  10b. KIND OF BUSINESS OR	9/23/1885 11. BIRTHPLACE (State	1 00 yr	. 16 123	31
done during most, of	working life, even if retired)	INDUSTRY				TIZEN OF WHAT
Flectric	working life, even if retired)	U.S. Air Force	Beatrice 14. MOTHER'S MAID	Vebraska	II s	5 . A .
3. FATHER'S NAM						
J	ohn D. Thornb	urg	Mary Elizal	beth Ford		
Yes, no, or unknown)	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT ANI			
	service)		John C. Tho:	rnburg 150	6 Elson	St.TC
		18. MEDICAL CE	RTIFICATION			
. DISEASES OR C	ONDITIONS DIRECTLY LE				ON	TERVAL BETWEEN NSBT AND DEATH
		derebral le	1 1.			
Immedia	te cause (a)C	irional il	would	-0ado-080-00		30 nun
Diseases or giving rise stating the	underlying cause last (c)	congestine		discore o	2	3 grs
Conditions contrib	TICANT CONDITIONS buting to the death but not ase or condition causing death.					
19a. DATE OF OPE	ERATION 19b. MAJOR FIR	NDINGS OF OPERATION			20	. AUTOPSY?
					y	Yes   No
ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE OF INJUR	(Home, farm, factory, street, office bldg., etc.)	(CITY OI	R TOWN)	(COUNTY)	(STATE)
TIME (Month)		NJURY OCCURRED	HOW DID INJURY	OCCUR?		
OF INJURY		While at Not While Work At work				
22. I hereby cer	tify that I attended the	deceased from		he causes and on t	he date stated	
23. BURIAL, CREM	MATION   DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, to	own, or county)	(State)
23. BURIAL, CREM REMOVAL (Spe Buri	ei(y) 4/19/1951	Mont Time	7 C 1			(2220)
DATE REC'D BY	LOCAL / REGISTRAR'S SI	QNATURE LINCO	In FORRAL BIRZ	Colmar Ma	nor, wa	DDRESS
REG, 9 191	TI Dung 6	10 west	nollaria Fu	100. 0 12000		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS. A15 -

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BUREAU V. S.

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VS. A15A

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 276

0		211111111111111111111111111111111111111	iteg. Dist. No.
. Th	1. PLACE OF DEATH- COUNTY Truck LeogIS MARYLAND	2. USUAL RESIDENCE (HOME) OF D	ECEASED.
efully gibly.	CITY (If outside corporate limits with REAL and LENGTH OF STAY OR give near town)	OR TOWN Mustons T	
every item of information carefully e causes of death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Hospital	ADDRESS Sanford	North Carolina
matio arly a	3. NAME OF DECEASED (Type or Print) EMEREL (Middle)	CHURCH   4. DATE OF DEATH	afril 7, (Day) (Year)
infor th cle	SEX  6. COLOT OR RACE  7. SINGLE MARRIED. WIDOWED. DIVORCED. (Specify)	8. PATE OF BIRTH 9. AGE last to 24	oirthday II under I year II under 24 hrs. Months Days Hours Min.
m of dea	10a USUAL OCCUPATION (Give kind of work sone during most of working life, even if retired) Industry	11. BIRTHPLACE (State or foreign count	12. CITIZEN OF WHAT
ry ite	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, , ,
y eve	15. WAS DECEMEND EVER IN U.S. MAMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Belly Litt upch	ich-forestrone
Supp	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
INK. please	Immediate cause (a) Sphypia	/	
NG ans:	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	on	
UNFADING it. Physicians:	II. OTHER SIGNIFICANT CONDITIONS	to hot wire while	atwork
ot. P	Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
WITH importan		(CITY OR TOWN)	Yes 🗆 No 🌠
	21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office bldg., etc) CAUSE OF DEATH.  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Hyalloville, In	rici grances Md
AIN	OF INJURY 9-7-51-12-13 fm. While at work at work	wire while working	ona pole -
E PI is es	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes □, accident ☒, suicide □, homicide □,	pased died on the day stated above, and	thereon and from the evidence death in my opinion resulted
WRITE PLAINLY is especially	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	ry or CREMATORY LOCATION OF	ity, town, it county)- (State)
PLEASE	DATE REC'D BY LOCAL KEGISTRAR'S SIGNATURE	24. EUNYRAL DIRECTOR	Mys Han Applant
	agent ( 170 ) James Klever)	of years pive	January 1
			690000

APR 10 1951 BI WEAU V. N

2411 N. Charles Street, Baltimore

## CEDTIFICATE OF DEATH

1	CERTIFICATE OF DEATH Reg. Dist. N	10. 73
	1. PLACE OF DEATH OF DECEASED.  COUNTY, STATE  MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED.  COUNTY  COUNT	ryfr. Gen
	CITY (If outside corporate limits, write RURAL and OR OR TOWN CITY (If outside corporate limits, write RURAL and go OR TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	ive nearest (Dwn)
	INSTITUTION OR SELAND MEmorial ADDRESS 6// Main give Tocktion)	
	3. NAME OF DECEASED (First) (Middle) Vincent OF DEATH OF DEATH	(Day) (Year)
7	6. COLOR OR WACE J. SINGLE, MARRIED, S. DATE OF BIRTH 9. AGE last birthday If under WIDOWED, DIVORCED, Man 8 1880 7 Dyrs.	r 1 year  If under 24 hrd.
	10a. USUAL OCCUPATION (Give kind of work done during meet of working the country) Individual Indivi	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME (14. MOTHER'S MADEN NAME )	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of service) (17. INFORMANT AND ADDRESS (Section 19. 17. INFORMANT)	2).
	18. MEDICAL CERTIFICATION	
ı	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause (a) Hypertensive Cardiovascular Disease	selmo.
ľ	Antecedent cause(s) Diseases or conditions, if any, (b) Hypertension	14.
	93d giving rise to the above cause stating the underlying cause last	
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ł	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No No
9	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) (CITY OR TOWN) (COUNTY INJURY)	
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work A work	
	22. I hereby certify that I attended the deceased from 4-6, 1957, to 4-12, 195 that I last	
1	alive on	tated above. DATE SIGNED
	23. BURIAL, CREMATION DATIS THEREOF NAME OF CEMETERY OR CREMATORY LOCATION City, town, or cour	14 ~/2-57
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	DC.
1	REGULATION MAISTRANG STONE AND	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15



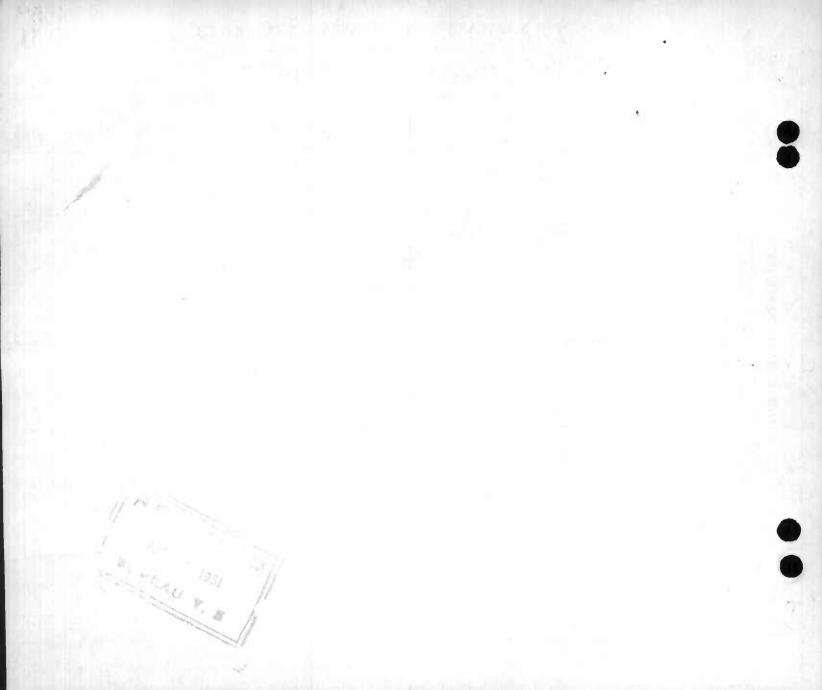
2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 242

04051

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside exporate limits, write RURAL and give nearest (thun)
TOWN Capital Heights (in this place)	TOWN Capitol Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6/05 Kingstow Road	STREET (If rural give location) ADDRESS 6/05 Kungatan Road.
3. NAME OF DECEASED (First) (Middle) (Type or Print) JOHN EDGAR	(Last) 4. DATE (Month) (Day) (Year) WEAST OF DEATH CALL 3 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowid.	8. DATE OF BIRTH  March 25, 1859  9. AGE last hirthday   If under 1 year   If under 24 hrs.    Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY? U.S.A.
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN ILS. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of service)	Trace W. Dorre
18. MEDICAL CER	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Charles Tinds	Heart Sciling 3 med ->
	Krart farhere 3 miles
120. Antecedent cause(s) Diseases or conditions, If any, (b) Cuteriosclerotic	e Heart disease with 15 mars (2)
9 3 d giving rise to the above cause giving rise to the above cause last	
(c) gluesal	lyed arteroacterosis
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)  NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?
22. 1 hereby certify that I attended the deceased from 3/1/	., 19x/, to 4/3 , 19.x/, that I last saw the deceased
- 1	O.D.P. m., from the causes and on the date stated above.  ADDRESS  DATE SIGNED
William Branin Ma 612	4 central Are, Capital Higher med 4/0/5/
REMOVAL (Specify)  A 7 5 NAME OF CEMETER OF CAME OF CEMETER OF CEM	
DATE REC'D BY LOCAL THEGISTRAR'S SIGNATURE	23. FUNERAL DIRECTOR LOS LOS MODRESS
	510246



2411 N. Charles Street, Baltimore

	CERTIFICAT	E OF DEATH Reg. Dist. No.	344
Ī.	PLACE OF DEATH- COUNTY  ////CR GROUND  CITY (II butside corporate limits, write RURAL and OR givo nearest town)  TOWN  HOSPITAL OR INSTITUTION OR STREET ADDRESS  MARYLAND  LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT COUNT OR CLITY (If outside corporate limits, write RURAL and give TOWN  STREET (If rural, give location)	/Y)d.
5. 10 13	NAME OF DECEASED (Type or Print)  SEX 6. COLOR OR RACE NIDOWED, DIVORCED, (Specify) Mathied (Secily) Mathied (Secily) Mathied (Specify) Ma	11. BIRTHPLACE (State or foreign country) 12	(Day) (Year)  1 year   1957 1 year   Hours   Min 2 CITIZEN OF WHAT COUNTRY?
	es, no, or unknown) (If yes, give war or dates of AMKNOWN) service)  18. MEDICAL CE	Andrew West RTIFICATION	
I.	Immediate cause (a)	- embolism	INTERVAL BETWEEN ONSET AND DEATE
4/1	Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  Cordioven  Cordioven  Cordioven  Cordioven	al disease	3 money
	OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Ü	
	a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes \( \text{No} \( \text{D} \)
21	ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
	TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY m.   Work At work	HOW DID INJURY OCCUR?	
. %			ated above. DATE SIGNED
-	REMOVAL (Specify)  ATE (REC'D BY LOCAL   RIGISTRAR'S SIGNATURE	21 FUNERAL DIRECTOR	ADDRESS

4264

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

g. Dist. No. 242

r	OR MEDICAL	EXAMINERS	R	g. Dist. No	
CITY (If outside consorate limits write RURAL and OR give mearest (swn) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 3 0 6 - 5 - 1 st	MARYLAND LENGTH OF STAY (in this place)	2. USUAL RESIDENCE STATE OF COMMENTS OF CO	orate limits, write IV	DRAL and live ner	rest towo)
3. NAME OF DECEASED (First)  5. SEX (6. COLOR OR RACE WIDE)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME	OWED DIVORCED, ecily) OWED OF BUSINESS OR	(Last)  8 DATE OF BUTH  11 BIRTH LACE (State  14. MOTHER'S MAIDE	or foreign country)	rs.	1857
(Von no on unlenous) 1 (If non education on deter of	SOCIAL SECURITY NO.	WINFORMANT Vercey W/L	ulty -	Huslan	nd
1. DISEASES OR CONDITIONS DIRECTLY LEADING (a)	1 1	MANASAO	u		TERVAL BETWEEN
Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last (c)	baracus lu	of hemo	whage		GA gay gar up ya gamah hijaha sahud 100 s
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	/				
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office CAUSE OF DEATH.	me, farm, factory, street, bldg., etc.)	(CITY OF	R TOWN)		es KT No   (STATE)
	Not while at work	HOW DID INJURY C	OCCUR?		
22. I certify that I took charge of the remains des obtained by said Autopsy, Inspection or Inqui from: natural causes \( \) accident \( \), suice \( \) SIGNATURE	ry, find that said deced	ised died on the day sto	Inquiry of the delated above, and delated above, and delated above.	uth in my opir	the evidence aion resulted  ATE SIGNED
23. BURIAL CREMATION DATE THEREOF MOVAL (Specify) May 3, 1951	Payne	Cemetery	LOCATION (City,	gtond	(State)
DATE REC'D BY LOCAL REC'STRAR'S SIGNA' REG. 5/1/5/	Lune,	Henry S. Was	_ 0		ALSTALW

Henry S. Washing Ton

BUREAU V. S.

2411 N. Charles Street, Baltimore

04054

	The
MARGIN RESERVED FOR BINDING	TE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Tis especially important. Physicians: please write the causes of death clearly and legibly.
	I

	CERTIFICAT	E OF DEAT	H Reg. 1	Dist. No.
1. PLACE OF DEATH- COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (I	-	D. COUNTY _
CITY (If outside corporate limits, write FOR give nearest town) TOWN Glenn Dale (Rural		or Town Was	hington	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale	13 daýs. Sanatorium	STREET ADDRESS 122	(If rural, give loo 5 lst St., N.	
3. NAME OF DECEASED (Type or Print) MATTIE		JIGFALL	OF DEATH	23 195
5. SEX   6. COLOR OR RAC	WIDOWED, DIVORCED, (Specify) Married	6/21/1915	35 yrs.	If under 1 year If under 24 hr Montha Days Hours Min
10a. USUAL OCCUPATION (Give kind of w done during most of working life, even if retir IOUSEWIIE	ork 10h. Kind of Business on ed) Industry	Aiken, S. C	arolina	12. CITIZEN OF WHAT COUNTRY! USA
13. FATHER'S NAME Tommie Johnson		Janie Addis	son	
15. WAS DECRASED EVER IN U.S. ARMED FO (Yes, no, or unknown) (II yes, give war or de Service)	16. SOCIAL SECURITY No. 1408 of 577-30-8745	Decedent	ADDRESS	
I. DISEASES OR CONDITIONS DIRECT  Immediate cause (a)  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Pulmorary		?	INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing	ot			
19a. DATE OF OPERATION   19b. MAJO				20. AUTOPSY? Yes No D
SUICIDE HOMICIDE	PLACE (Home, farm, factory, atreet, DF office bldg., etc.) NJURY	(CITY OR	HEREN WATER	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hou OF INJURY	r)   INJURY OCCURRED   While at Not While   Work   At work	HOW DID INJURY OC	CURI	
SIGNATURE LED FINA 23, BORIAL, GREMATION   DATE THE	, and that death occurred at (Degree or title)	// a <sub>m.,</sub> from the ADDRESS Glenn I Glenn I	causes and on the Dale Sanatori	d $4/23/51$
REMOVALA Specify) 4/23  DATE REC'D BY LOCAL   REGISTRA	51	24. FUNERAL DIRECTO	Washington	

BURLAU V. S.

## CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04055

eg. Dist. No. 23/

	TOIL MEDICII	3 Division Lines	Reg. Di	st. No
1. PLACE OF DEATH GLORING	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	UNTY
CITY (if outside corporate limits, write RURAL, OR gite hearest town)	and LENGTH OF STAY (In this place)	CITY (If outside corpera OR TOWN	te limits, write NURAL)	ord give represt town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 6 45 Cmma	1.60	STREET ADDRESS 5645	- (Il rural, give locati	(Poad
3. NAME OF DECEASED (Type or Print)	(Middle)	ligens	4. DATE (Month OF DEATH	
Esmale White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		9. AGE last birthday   If	under I year   If under 24 hr onths   Days   Hours   Min
10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Ob. KIND OF GUSINESS OR INDUSTRY	Sour 9	Ja	12. CITIZEN OF WHAT
	stre Jawans	14. MOTHER'S MAIDEN	Champa	gru
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or flates of service)	16. Social Security No.	17. INFORMANT AND A	lliamo	Egge - Khushand
f. DISEASES OR CONDITIONS DIRECTLY LE	Ading to DEATH	- 1	nt failure	INTERVAL BETWEEN ONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	<i>V</i>			**************************************
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION   19b. MAJOR FIN	IDINGS OF OPERATION			20. AUTOPSY? Yes X No
PRIMARY COR CONTRIBUTING OF CAUSE OF DEATH.		(CITY OR T		NTY) (STATE)
OF W	NJURY OCCURRED //hile at Not while work at work	HOW DID INJURY OCC	CUR?	
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or I from: natural causes, accident, SIGNATURE	s described above, held an A nquiry, find that said dece suicide , homicide , (Degree or title)	Autopsy X Inspection X used died on the day states undetermined X. ADDRESS	Inquiry thereon dabove, and death in	and from the evidence my opinion resulted DATE SIGNED
23 PARIAL, CREMATION DATE THEREOF	NAME OF GEMPTE	RY OR CRESOATORY L	Costion (City, towns	14-19-5/1 county) (State)
2mal 4/20/01	It was	eren centery	tolmar 1	cons my



# CERTIFICATE OF DEATH

		DOL DELLI	1.4	
1	FOR MEDICAL	EXAMINERS	Reg. Dist. N	0
	I. PLACE OF DEATH-	2. USUAL RESIDENCE (F	OME) OF DECEASED.	× 14./
	CITY (If Autaley corporate limits, write RURAL and LENGTH OF STAY OR give flexies town)  TOWN (In this place)	OR .	ate limits, write RURAL and gi	ve nearest town)
9	HOSPITAL OR 1884/ Sherry from Hood	STREET ADDRESS	(If rural, give location)	cg. mo
	3. NAME OF DECEASED (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
	6. COLOR OR RACE 7. SINGER, MARRIED, WIDOWER, DIVORCED, A	8. DATE OF BIRTH	9. AGE last birthday   If under	r i year   If under 24 hr
	10a. USUAL OCCUPATION (Glve kind of work done during most of working life. Sven If retired)  (Specify) 11 doubled (Specify) 12 doubled	Feb 10 /870   II. BIRTHPLACE (State o	yrs.	2. CITIZEN OF WHA
	13. FATHER'S NAME	14. MOMIER'S MAIDEN	NAME SEA	COUNTER
	15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes. no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND W		Legragetons &
	service) 18. MEDICAL CER	Samuel & WU	May Work	1/1 20 00
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	<i>a</i> .	0.	INTERVAL BETWEE
	Immediate cause (a) Eleute Caro	vary occ	lucion	Sudden
	93d stating the underlying cause land with	risfletere	uc.	Euleum,
	II. OTHER SIGNIFICANT CONDITIONS	the		Ruleann
	Conditions contributing to the death but not related to the disease or condition causing death.	<b></b>		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			Yes □ No É
	21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF COUSE OF DEATH. Telephone Grand Gr	(CITY OR T	COUNTY (COUNTY	(STATE)
	TIME (Month) (Bay) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Not while work at work	Saddenly fell	Gead from Chai	2 7:30 Au
	22. I certify that I took charge of the remains described above, held an A-obtained by said Autopsy, Inspection or Inquiry, find that said decea	utopsy , Inspection &	Indiry Thereon and	from the evidence opinion resulted
	from: natural causes L, accident , suicide , homicide , SIGNATURE (Degree or title)	undetermined	4	DATE SIGNED
1	23. BURIAL CREMATION   DATE THEREOF   NAME OF CEMETER	crower Wash	OCKTION (City, town, or count	Ww 14195
	DATE REC'D BY LOCAL   REGISTRARY SIGNATURE	24. FUNERAL MARKETO	Valdon !	ADDRESS
	The state of the s	THE T AMERICAN TATAL WOLLD	15 // 1/1	WINDLESS !

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

correct age

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VS. AISA



Wash., D.C.

## MARYLAND STATE DEPARTMENT OF HEALTH

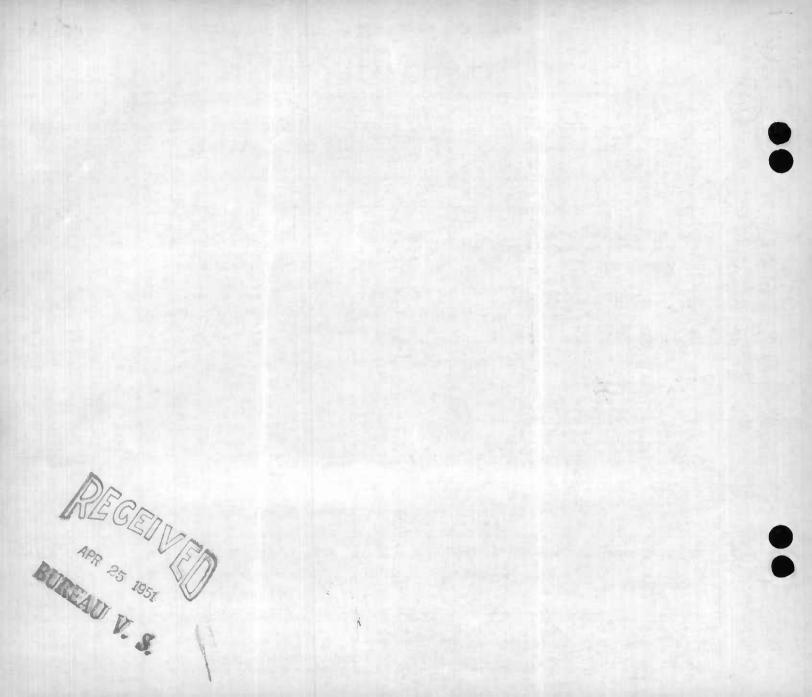
2411 N. Charles Street, Baltimore

dorrect age

MARGIN RESERVED FOR BINDING

PLEASE VS. A15

/	CERTIFICAT	E OF DEAT	CH R	eg. Dist. No	242
1. PLACE OF DEATH- COUNTY  R INCE GEORGE  CITY (If outside corporate limits, write RU	MARYLAND JRAL and   LENGTH OF STAY	2. USUAL RESIDENCE STATE MARYLAND CITY (If outside corpo	7	PRINC	E GEUIZGE
OR give nearest town TOWN SEAT LEASANT HOSPITAL OR INSTITUTION OR STREET ADDRESS Resid	(in this place)	OR TOWN 70/0 STREET ADDRESS 76/0	Grieg .	St. Sest	Pleasant N
3. NAME OF (First) DECEASED (Type or Print) DONA - D	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day) (Year) Z 3 195
5. SEX 6. COLOR OR RACE WHITE	WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH Oc+. 6, 1950	6 mos	Months. I	year   If under 24 hr Days   Hours   Min.
19a. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired to the control of the		WASHINGTON, 14. MOTHER'S MAIDE	D.C.	Co	CITIZEN OF WHAT
DEWEY L. WILSO	y	Louise C.	WILLIA		
15. WAS DECRASED EVER IN U.S. ARMED FORC (Yes, uo, or unknown) (If year, give war or dat Bervice)		MOTHER LO			LEASANT, Md
I. DISEASES OR CONDITIONS DIRECTL  Immediate cause (a)	Y LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
Diseases or conditions, if any, (b)	Respiratory				
giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no	. ( ) 0 / -		4 '	***************************************	* ** ** ** * * * * * * * * * * * * * *
related to the disease or condition causing d  19a. DATE OF OPERATION 19b. MAJOR	eath. Welly Audit	ion Malni	dulin	1	20. AUTOPSY?
SUICIDE	LACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED   While at Not While	HOW DID INJURY O	CCUR7		
22. I hereby certify that I attended		. 0-0			
alive on 4-2 , 1951., SIGNATURE	and that death occurred at (Degree or title)	ADDRESS See	& Ceasant	1 med	ted above. DATE SIGNED
23. BURIAL, GREMATION DATE REMOVAL, (Specify) RPIN A		RY OR CREMATORY	LOCATION (City,	town, or county)	
	es signature	24. FUNERAL DIRECT W. W. CHAM	OR		ADDRESS



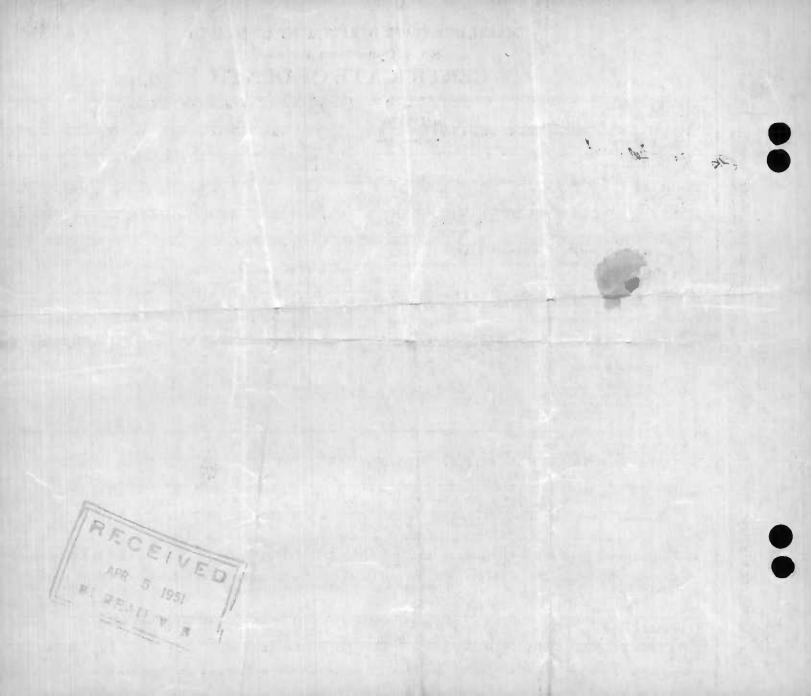
2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

t. Dist. No. 23/

04058

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
Frince George MARYLAND	STATE maryland COUNTY P. O
CITY (If outside corporate limits, write RURAL and I LENGTH OF ST.	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN (in this place)	TOWN Decatur Heights.
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Prince George General Nosc	STREET ADDRESS 3902 52 nd ST.
3. NAME OF (First) / (Middle)	_ (Last)   4. DATE (Month) (Day) (Year)
OECEASED (Type or Print) Kate 7: RAZIE	R Winn DEATH April 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCEI	8. DATE OF BIRTH 9. AGE last birthday If under 1 year   If under 24 hr
temale   W (Specity) Dractis	0 0 10 - 1763   A / ym.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? State:
13. FATHER'S NAME	14. MOTHER'S, MAIDEN NAME
Jesse rech Traque	selina Cowden
15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS // L
(Yes, no, or unknown) (Il yes, give way of dates of Some	mildred w saller Elecalin Homa
18. MEDICAL	CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BUTWEEN ONSUT AND PRATE
(leuto (e	Daniel Sharetim 15ha
Immediate cause (a)	- HOLDWY S-1 WW
Antecedent cause(s)	- Die Wedder Sees
Diseases or conditions, if any, (b)	3 000
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	V 20. AUTOPSY?
	Yes No 🗅
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.)	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	Now Did Mont cooch
INJURY m.   Work   Ac york	11 11 60011
22. I hereby certify the I attended the deceased from Que	19 to fell, that I last saw the deceased
	//
alive on 19. , and that death occurred a	t7.05P.m., from the causes and on the date stated above.  ADDRESS PATE SIGNED
Similar de la constante de la	THE STONED
June Harring 02	77-11
23, BURIAL GREMATION DATE THEREOF NAME OF CEMP TREMOVAL (Specific 4/2/)	STERY OR CREMATORY LOCATION (City, town, or county) (State)
	a centery ( rola Illinois
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNDRAL DIRECTOR ADDRESS
4/2/51 Umanda Douney	I Sacha sons Hallanle in



2411 N. Charles Street, Baltimore

	CERTIFICAT	'E OF DEAT	TH P.	g. Dist. No. 73	15
		matter	L L L	g. Dist. No	•••••••
1. PLACE OF DEATH.		2/USUAL RESIDENCE	(HOME) OF DECEA		
COUNTY Prime Sea	CALO MARYLAND	STATE MA	coland	COUNTY	111-00
CITY (If outside corporate limits, write RURAI	and   LENGTH OF STAY	CITY (If outside corp.	opyte limits, write RU	RAL and give nearest	town)
TOWN give nearest town)	(in this place)	OR TOWN Z	ridge .	md.	
HOSPITAL OR	1	STREET 944	Au rural, give	location)	eant-
INSTITUTION OR STREET ADDRESS	and marrayal 16	ADDRESS 777	Timere	- Zigina	V
3. NAME OF (First)	(Mjdde)	(Last)	4. DATE (	Month) (Day)	(Year)
DECEASED (Type or Print)	allen	Walf	OF DEATH	4 14	19.5
	. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last birthds		
Tillite.	WIDOWED, DIVORCED, (Specify)	4/13/0	уп	Months Days	Hours   Min
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSDIESS OR	II BIRTHPLACE (State			N OP WHAT
done during most of working life, even if retired)	INDUSTRY	Winerfale	ned.	COUNTRY	2 10
1) FATHER'S NAME	11	14. MOTHER'S MAIDE	N NAME		.77
Lavies Christian W	eld	mildred	Grene.	Marie	/
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	18 SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		,
(Yes, no, or unknown) (If yes, give war or dates of service)		mather	- Geba	da he	1.
	18. MEDICAL CE	RTIFICATION		1	
I, DISEASES OR CONDITIONS DIRECTLY LI	EADING TO DEATH		1	INTERV	AL BETWEEN
	(masses	+1 st.6	- 7 -	- 2	A DEATE
Immediate cause (a)	Congene	as auc	cours	00 0	O how
762, 5 Antecedent cause(s)	7/77	m.			
Diseases or conditions, if any, (b)	1/10	Juga.	roncy		
159 giving rise to the above cause stating the underlying cause last			1	70 70 DA GOT COLLEGE	**********
(c)					
II. OTHER SIGNIFICANT CONDITIONS	***************************************				
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION   19b. MAJOR FIR	NDINGS OF OPERATION			20. AU	TOPSY?
				Yes [	No D
21. ACCIDENT (Specify) PLACE	(Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)		TATE)
SUICIDE OF INJUR	office bidg., etc.)				
TIME (Month) (Day) (Year) (Hour)   I	NJURY OCCURRED	HOW DID INJURY O	CCUR?		
	While at Not While Work At work				
	ans	2	111 51		
22. I hereby certify that I attended the	deceased from	3, 19.5, to ap	3.4.4., 19, the	at I last saw the	deceased
alive on Cop 14, 195/, and	that death occurred at	10 7 m from th	e causes and on t	ha data stated ab	ATTA
SIGNATURE	(Degree or title)	ADDRESS	causes and on t		SIGNED
~ 118 Mins	in DIA	18 mes	1.1.2	1 21	
23 RUPAL CREMATION   DATE THEREOF	- WANTE OF CENTRAL	DV OR CDRIVATORY	in the	1-1	4.51
23. BURAL CREMATION DATE THE REOF	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, to		(State)
1000 ADM C 1/10/5/		Tay Way and		ore /	
DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE	24. EUNERAL DIRECT	-	O ADDI	RESS
While 14 175/ James	Nevy	10,00,00	MMBERS	Co. navere	Mice

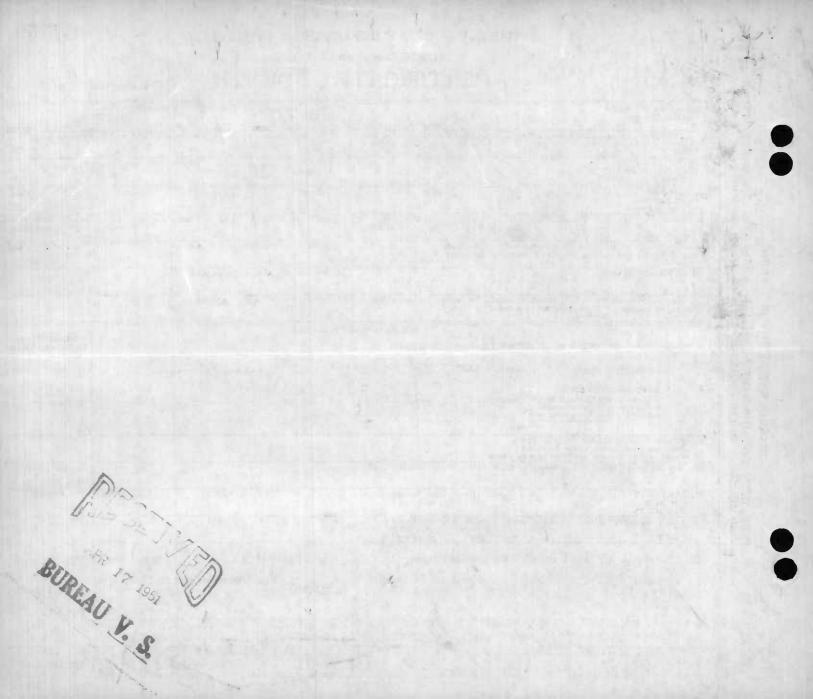
VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

correct age

Supply every item of information carefully write the causes of death clearly and legibly?

MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

CEXTIFICAT	E OF DEATH Reg. Dist. N	0
1. PLACE OF BEATH. COUNTY / Must Serge MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Y Warren
CITY (If outside corporate limits prite RURAL and LENGTH OF STAY OR give nearest town) (in this piace) TOWN	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR 7305 Trescott Cevenue	STREET (If rural, give location)	V
3. NAME OF (First) (Middle) DECEASED (Type or Print) ULLLE MAY	YOUNG 4. DATE (Month) OF DEATH April	(Day) (Year) 22 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) VICTURE (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Months 77 yrs.	1 year   If under 24 hr Days   Hours   Min.
done during most of working life, even if retired)  10b. Kind of Business or Industry  [	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
13. FATHER'S NAME Blams	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	In INFORMANT AND ADDRESS - Inex Gleason, 7305 Inscort are	. Jak. PK Ma
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Carrinoma	. Head D Paucrease.	INTERVAL BETWEEN ONSET AND DEATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	- anudung Colon	6 мо.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obstructive_	6mo.
19m. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Now, alive on April 22, 1951, and that death occurred at		
23. BURIAL, CREMATION DATE THEREOF SAME OF CEMETE REMOVAL (Specify) april 24, 1951 Size From Co	RY OR CREMATORY LOCATION (City, town, or four mulesy	e M 4-22-8 nty) (State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

H

VS. A15

